



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 NORTH 3<sup>rd</sup> Street  
HARRISBURG, PA 17110

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**Request for Waiver of Amateur MMA Rules (58 Pa. Code §29.30)**

**Section 1. Must be completed and signed by amateur MMA fighter (applicant)**

I, \_\_\_\_\_, am requesting a Waiver of the Amateur MMA Rules,  
Name of Fighter and MMA ID#  
which will allow me to strike to the head of my opponent when down and not be required to wear shin  
and instep pads during this bout.

Name of opponent also requesting waiver: \_\_\_\_\_

Date and location of bout: \_\_\_\_\_

I have previously applied for a Waiver on (date): \_\_\_\_\_

\_\_\_\_\_  
Applicant signature/MMA ID #

\_\_\_\_\_  
Date

**Section 2. Must be completed and signed by the MMA fighter's current Trainer**

I certify that \_\_\_\_\_ has, in my judgment, the necessary skills, training,  
Name of Fighter and his MMA ID#  
conditioning and experience to qualify for the Waiver of the Amateur MMA Rules, which will allow this  
fighter to strike to the head of his opponent when down and not be required to wear shin and instep pads  
during this bout.

➤ The above-named fighter has been training at my gym. YES / NO  
Name and location of the gym: \_\_\_\_\_  
Length of time training at this gym: \_\_\_\_\_

➤ I have witnessed the above-named fighter compete in Commission-sanctioned  
amateur MMA events and feel he is duly qualified for a waiver of the amateur rules. YES / NO  
Win/loss amateur record of this fighter: \_\_\_\_\_  
Date of last bout: \_\_\_\_\_  
Result of last bout: \_\_\_\_\_

Do you hold any type of license with the PA State Athletic Commission or any other state/tribal Athletic  
Commission? If YES, list the type of license and state licensed: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Trainer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\* This form MUST be completed for EACH amateur MMA fighter who is applying for a Waiver of the Rules  
for EVERY bout in which a Waiver is requested.**