



Occupational and Professional Licensing Administration

Combat Sports Commission

ACKNOWLEDGEMENT OF TESTING REQUIREMENTS

I, _____, hereby acknowledge that I have received
(Name)
regulations (17 DCMR § 2030 *et seq.*) governing the use of prohibited drugs and
methods in boxing, wrestling, kickboxing, martial arts, and mixed martial arts contests in
the District of Columbia. I further acknowledge that on _____ I was
(Date)
selected for drug testing pursuant to the provisions of these rules, and accordingly, I
agree to comply with all lawful requests for testing by the Combat Sports Commission.

Contestant's Name: _____

Contestant's Signature: _____

Date: _____

(OPTIONAL) AUTHORIZATION FOR RELEASE OF INFORMATION TO A DESIGNEE

I, _____, hereby authorize the Combat Sports Commission to release
(Name)
and/or discuss the results of the drug testing acknowledged above with the following
designee:

Designee's Name: _____

Contact Information: _____
(Address)

(Phone)

(Email)



Occupational and Professional Licensing Administration

Combat Sports Commission

Relationship: _____

This authorization for the release of my information may be terminated by me, at any time, per my written request.

Contestant's Name: _____

Contestant's Signature: _____

Date: _____