



HTAI OFFICIAL REGISTRATION FORM

One registration form per participant

Date Received _____

(Print Clearly)

Seminar Date _____ Event Name _____

Name _____ System/School _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Total Amount Submitted \$ _____ **MAKE CHECKS PAYABLE TO: MYRLINO HUFANA**

Payment Method: Check _____ Driver's License required on checks: _____

(Credit card payments will include 3% processing fee per swipe; 3.5% processing fee per manually entered cards)

Visa ____ MasterCard ____ Discover ____ Name on credit card _____

Credit card number _____ Expiration date _____

Card billing address _____

All registration forms must be completed and signed. Incomplete registration form will not be accepted.

NO REFUNDS ON PAYMENTS RECEIVED. NO VIDEO RECORDING DURING SEMINAR.
WAIVER/LIABILITY RELEASE

I am registering to participate in the above event. While on the premises of the event, I will take full responsibility of my actions and agree to waive and release any and all claims against all persons connected with the said event, including Myrlino P. Hufana, Bellevue Martial Arts Academy, Hufana Traditional Arnis International, World Filipino Martial Arts Association, event location and host, event promoters, event staff, seminar instructors, sponsors and other participants for any injury that I may sustain during the scheduled event. I am fully aware of the nature and risk of the martial arts, in particular, the Filipino martial arts of Arnis, Kali, and Eskrima.

Talent Release – *I understand there is a videotape being taken on this event and may include me. I hereby assign and authorize the producer (Myrlino P. Hufana, BMAA, HTAI, WFMAA and/or VOTM) the right (All Rights) in and to such videotape. I also authorize said producer, without limitation, the right to reproduce, copy, exhibit, publish or distribute any such videotape, and waive all rights or claims I may have against your organization and/or any of its Affiliates, Subsidiaries, or Assignees other than as stated in this agreement.*

I, the undersigned, have read and fully understand the nature, terms and conditions set forth by this martial arts event/seminar. In addition, (if applicable) I also authorize the event accounting department to charge my credit card for the total amount due.

Participant's Signature (If under 18 yrs, Legal guardian must sign)

Print Name of Legal Guardian

Today's Date

PLEASE SUBMIT COMPLETED REGISTRATION FORM AND PAYMENT TO:

BELLEVUE MARTIAL ARTS ACADEMY
2753 152ND AVE NE, BLDG. 4, REDMOND, WA 98052

M.HUFANA@COMCAST.NET, WWW.ARNISADOR.COM