



# HTAI OFFICIAL REGISTRATION FORM

One registration form per participant

Date Received Registration \_\_\_\_\_

(Print Clearly)

Seminar Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ System/Style \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

Payment Method: Check \_\_\_\_\_ Driver's License required on checks: \_\_\_\_\_

Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Name on credit card \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card complete billing address \_\_\_\_\_

Note: If paying by credit/debit card, processing fee of \$2 will be added to your total.

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

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

I am registering to participate in the above seminar event. While on the premises of the event/seminar, 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/seminar, including Myrlino P. Hufana, World Filipino Martial Arts Association, Hufana Traditional Arnis International, Bellevue Martial Arts Academy, 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/seminar. 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 (Hufana Production & World Filipino Martial Arts Association) 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 events/seminars. 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:**

PG MYRLINO HUFANA  
14510 NE 20<sup>TH</sup> STREET, SUITE 100  
BELLEVUE, WA 98007  
M.HUFANA@COMCAST.NET