



HTAI SEMINARS

REGISTRATION FORM

One Form Per Participant

Participant # _____

Date Received _____

Seminar Date: _____ Seminar Name: _____

Participant Name _____ System/Style _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

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

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
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 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 risks 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)

Today's Date

PLEASE SUBMIT COMPLETED REGISTRATION FORM AND PAYMENT TO:

PG MYRLINO HUFANA
BELLEVUE MARTIAL ARTS ACADEMY
14510 NE 20ST STREET, SUITE 100
BELLEVUE, WA 98007
(425) 643-8488, M.HUFANA@COMCAST.NET