



**INTERNATIONAL  
MODERN ARNIS  
FEDERATION**  
HONG KONG

**To: International Modern Arnis Federation Hong Kong,**

I \_\_\_\_\_ (print name) acknowledge that I am applying to obtain Instruction in the Modern Arnis which will involve strenuous exercise and personal body contact. I hereby understand that there is an inherent risk of physical and emotional injuries.

I hereby confirm that I shall assume responsibility and risk of all injuries and do hereby release IMAF Hong Kong, its Instructors and members from any and all Liability due to injuries suffered by me or caused by a third party arising out of Activities involving the practice and training of Modern Arnis and relating activities of the IMAF Hong Kong.

I confirm that I am physically fit for the training in Modern Arnis.

Name : \_\_\_\_\_ ( Parents Signature)

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(If under 18, must be accompanied by the Signature of the Parents / Guardian)**