



ARNIS PHILIPPINES



SUBMIT 2 COPIES
OF LATEST
1X1 PICTURE

INDIVIDUAL TOURNAMENT ENTRY FORM

Name of Tournament : _____
 Venue : _____ Date: _____
 Name of Club / Team : _____
 Region/Province/City : _____

EVENTS:

Full Contact : _____

(Please indicate Weight Division)

Anyo : _____

Division	Individual	Team	Signatures
(Check as many as necessary)			
Single Weapon			
Double Identical Weapon			
Sword and Dagger			

Name: _____
Last Name Given Name Middle Name ID Number

Age: _____ Birthday (mm/dd/yyyy): _____ Citizenship: _____

Height: _____ Weight (kg): _____ Passport# / Place Issued: _____

Address: _____

Contact No. _____

I hereby certify that the above information are true and correct, and that I shall abide with all the rules and regulations of Arnis Pederasyong Internasyonal, Inc. (i-ARNIS).

ADVISEMENT AND WAIVER

Please be advised that this event is sanctioned by Arnis Pederasyong Internasyonal, Inc. (i-ARNIS), the official and recognized International Federation for Arnis by the International Olympic Committee (IOC) and Philippine Olympic Committee (POC).

In consideration of my participation in the _____ Arnis Tournament at _____.

I agree to assume all risks incidental to such participation (which may include among other things muscle injury and broken bones). On my own heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Release Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way my participation in the Event and/or any such activities, and further agree to indemnify and hold harmless each of the Released Parties from and against any and all such liabilities, claims, actions, damages, costs or expenses including but not limited to, all attorney's fees and disbursements up through and including any appeal.

I understand that this Release and indemnity includes any claims based on accidents and/or negligence, suffered by me during or after such participation. I declare that I am physically fit and have the skill level I required to participate in the Event and/or any such activities.

I further authorize medical treatments for me at my cost, if the need arises. For the purposes hereof, the "Released Parties are ARNIS PEDERASYONG INTERNASYONAL, INC. (i-ARNIS), ARNIS PHILIPPINES, INC. (ARPI), PHILIPPINE OLYMPIC COMMITTEE (POC) and the PHILIPPINES SPORTS COMMISSIONS (PSC) and it's Principals, Officials and Agents and it's Regional Sports Organizations and Affiliates.

Participant's Signature over printed name

Coach's signature over printed name

FOR MINOR PARTICIPANTS (17 years old and under)

With our consent and approval.

Approved by: _____

Secretariat's signature over printed name / OR#

Received by:

Parent/Guardian signature over printed name

Screening Committee's signature over printed name