



THE FILIPINO CENTRE TORONTO

ARMADO KINSE TEROS ARNIS SYSTEM INTERNATIONAL FEDERATION

4395 SHEPPARD AVENUE EAST

SCARBOROUGH, ON M1S - 1T9

Legal Waiver

Name _____ Age _____

Address _____

Phone _____ E-mail _____

I agree to observe all rules and regulations of this dojo to ensure the safety of all. I am responsible for being aware of the said rules and regulations and any changes made to them.

I am aware that training in the martial arts carries with it a risk of injury. I accept this risk of injury and hereby release and forever discharge the Armado Kinse Teros Arnis System International it's Owners, Instructors, Members and Authorized guests from any and all actions and claims resulting from any injury I sustain, however so arising.

I acknowledge that the Armado Kinse Teros Arnis System International, it's Owners and Instructors are not responsible for the personal property of any person within the dojo and will not be held accountable for any loss, theft or damage.

Signature _____ Date _____

Witness _____ Date _____

I accept the role of Guardian for the above named student who is under the age of eighteen. I accept the responsibility of ensuring they are aware of the rules and regulations of this dojo. I accept the responsibility of explaining to the above named student the risks of injury that come with training in the martial arts. On behalf of the above named member I release the Academy, the Owners, the Instructors and the other Members from any legal action or claim as a result of any injury, however so arising as outlined in the paragraphs above. I accept, on behalf of the above named member, that the Academy, it's Owners and Instructors are not responsible for any personal property within the dojo as outlined in the above paragraphs.

Name _____ Signature _____