

REGISTRATION FORM
Arjarn Aphinrak Kaewsamrit seminar April 12-13, 2008

Fighthouse, 122 West 27th street 2nd Floor, New York, NY 10001 Tel. (212) 807- 9202

Name: _____ **Born:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **E-mail:** _____

METHOD OF PAYMENT

Money Order / Check **VISA** **MasterCard** **Total Amount Paid:** _____
Credit / Debit C. number (last 4 digits): _____ **Exp. Date:** _____
Acct. Holder name: _____ **Signature:** _____ **Date:** _____

SEMINAR RELEASE AND WAIVER

I wish to participate in the seminar training opportunity presented by Wai Chee Cheu, Inc. DBA Fighthouse, herein after collectively "FH", and their respective agents and staff members.

I hereby represent that I am physically and emotionally fit to engage in martial arts instructional training.

I hereby acknowledge that the seminar training session involves strenuous physical activity on my own part and on the part of training partners which include: fast motion, contact, punching, kicking, trapping, throwing, intercepting, knee and elbow strikes, clinching, and combat sports techniques and is therefore an inherently dangerous and risky activity.

If my conduct, actions, or statements while participating in the seminar are determined to be detrimental to the safety or well being of other participants or the instructor Arjarn Aphinrak Kaewsamrit I shall willingly comply with the requests of the director or their agents that I remove myself and my effects from the site of the seminar immediately.

I realize and agree to the fact that I will forfeit any prepaid training fees if requested by the director to terminate my training. It is agreed that Arjarn Aphinrak Kaewsamrit and FH shall not be responsible or have any liability for loss or damage of any personal property during the seminar.

I hereby give permission to be videotaped or photographed during the seminar.

I also give permission that such videotape(s) or photograph(s) may be used for purposes of marketing and promotion of Arjarn Aphinrak Kaewsamrit and/or FH and their agents and staff. By signing this agreement, it is my stated intention to knowingly assume all risks involved in the participation in this seminar. Further,

I release dismiss, and forever discharge Arjarn Aphinrak Kaewsamrit, FH, and other instructors, students, clients, and relating to the activity engaged in from the liability for injuries, illness, damage or physical defects which may result from engaging in this seminar.

I hereby agree to refrain from instituting, pressing or in any aiding any claim, demand of action, or cause of action for damages, costs, loss of service, expenses, or compensation for or on account of any such injuries.

This release is also binding to another persons, including all family members, heirs, executors, and any minors which may accompany me. I have carefully read this release of liability, fully understand and are mentally and emotionally aware of its contents, and sign of my own free will.

Applicants printed Name

Signature of parent or guardian if Applicant is under 18

Applicants signature

Date