



Hand To Hand Fighting Sport Federation of India

Affiliated To : Hand-to-Hand Fighting Sport International Federation

Website: www.h2hfightindia.com, E-Mail: h2h.indiahq@gmail.com



EVENT NAME:			
PARTICIPANT IN FIGHT	<input type="text"/>	SELF-DEFENCE 1+1	<input type="text"/>
MALE/ FEMALE	<input type="text"/>	AGE:	<input type="text"/>
		WEIGHT IN KG.:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Month	Year

1. NAME: _____ FATHER NAME _____

2. PARTICIPANT'S CONTACT NO: _____ NAME OF STATE _____

3. ADDRESS: _____

4. NAME OF COACH: _____ CONTACT NO. _____

CONSENT / INDEMNITY FORM

I/WE, _____ am/are aware that HAND TO HAND FIGHTING SPORT is a contact sport and that injuries may occur in the course of participation. I/We am/are also aware that the term "Injuries" includes Injuries of any description including temporary disablement, permanent disablement as also loss of life.

Furthermore, I/We exempt from any legal, civil or criminal responsibilities the organizer of this HAND TO HAND FIGHTING SPORT Championship, its members/ office bearers, organizers, as well as, any person, company, or entity related to the event (sponsor, public and private entities).

I/We state that I/We am/are participating in the above championship at my risk and responsibility as to the cost consequences and that I/We have read and understood the aforesaid any I/We have signed this Consent Form of my own free will.

(If under 18, this release form must be signed by parents or guardian and coach)

Signature of the Contestant

Signature of the Parent's Guardian / Coach

Signature with Asso. -Seal
Recommended by / State Representative

Date: ____/____/____