



Loong Fu Pai Martial Arts

Academy
www.lfp.com.au

Terry Lim (Chief Instructor & Founder)

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COVID 19 Agreement Documentation

I , _____ of _____ Dojo, wish to operate

A training session on _____ of each week (weather permitting) at

_____ location. Operating hours (_____).

I have read the Restrictions laid down by LFP (Kancho Terry Lim) and agree to abide by these rules. I will take FULL RESPONSIBILITY throughout the session (s) and ensure everyone in my Class fully understand the requirements.

Signed by :- _____

Print Name: _____.