



WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

Fencer's Name: _____

Your Phone: _____, Emergency Phone: _____

Check One:

I am an adult, 18 years or older, and agree to ---

I am the Parent of the named minor (under 18 years of age) and agree to direct my child to --

Cooperate and to conform with directions and instructions of Alliance Fencing Academy, Activity Organizers, activity cosponsors, and/or their representatives in charge of the activity, with the rules and regulations of the facilities and the U.S. Fencing Association (USFA), and all directions given by activity officials and organizers, activity cosponsors, and/or their representatives.

WAIVER OF LIABILITY:

I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this activity, I agree to abide by the current rules and safety regulations of the USFA, Activity Organizers and Facilities Owners. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of the Activity Organizers, and the decision may not be appealed. I enter this activity at my own risk and release the Activity Organizers and Facilities, their Board of Directors, sponsors, and organizers from any liability. I understand that reasonable measures will be taken to safeguard the health and safety of the group.

I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims.

_____/_____/_____/_____
(Signature of Fencer) (Date) (Signature of Parent or Guardian of Minor) (Date)

CONSENT FOR MEDICAL TREATMENT:

This is to certify that on this date I, _____, give my consent to the Activity Organizer or their representative to obtain medical care from any licensed physician, hospital or clinic for the above-named athlete for any injury or illness that may arise during this activity. In the event of sickness or accidents, I will not hold the activity organizer, facility administration or group sponsor responsible. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.

_____/_____/_____/_____
(Signature of Fencer) (Date) (Signature of Parent or Guardian of Minor) (Date)