

REGISTRATION FORM

Last Name of Fencer _____ First Name of Fencer _____ (MI) _____
DOB _____ (MM) _____ (DD) _____ (YYYY)
Address _____ City _____ State _____ Zip _____
Main Phone _____ Mobil _____ Alt. Phone _____
Parent/Guardian _____ Phone _____ E-Mail _____
Parent/Guardian _____ Phone _____ E-Mail _____
Fencer (Phone) _____ E-Mail (Fencer) _____
School _____
Fencing Experience _____ Weapon(s) interest _____
Please indicate if fencer has any physical limitations or medical conditions, which could influence the training.
List any medications fencer may take: _____
In case of emergency call _____
Where did you hear about us? _____

RELEASE AND WAIVER OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Atlantic Fencing Club, LLC and its related events and activities,

I, _____ [print name], the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the sport of fencing and related activities is significant, including the potential for serious injury or death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. If, however, I observe any unusual significant hazard during my presence or participation in any such activity, I will bring such hazard immediately to the attention of an official, organizer or other person with responsibility for such activity; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I agree to comply with the stated and customary terms and conditions for participation, including but not limited to those set forth in USA Fencing's Fencing Rules, Athlete Handbook and Safe Sport Policy, as amended from time to time; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Atlantic Fencing Club, LLC, owner, officer, coach, volunteer, official, agent and/or employee, other participants, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

x _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE

By signing here, I read and accepted the Policy of the Atlantic Fencing Club, LLC and acknowledge receipt of a copy.

x _____
PARTICIPANT/PARENT/GUARDIAN'S SIGNATURE