



**Treasure Coast Fencing Club
Registration for Classes
2020**

Please Print Clearly

Fencer Name	_____	Boy	Girl
Age and Date of Birth	_____		
Address	_____		
Parent or Guardian Name	_____		
Contact Phone	_____		
Contact email	_____		

PLEASE NOTE any allergies , medications or special considerations to be aware of:



Treasure Coast Fencing Club Waiver

READ BEFORE SIGNING

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY: I acknowledge and agree as follows:

1. The risks of injury from the activities involved in the sport of fencing and related activities are significant, including the potential for serious injury, disability or death, and while particular skills, equipment, and personal discipline may reduce those risks, the risks may continue to exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, whether known or unknown, apparent or latent, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (defined below) or others, and assume full responsibility for my participation; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS USA FENCING, and all affiliated sections, divisions, clubs, host organizations, officers, directors, athletes, referees, coaches, volunteers, officials, club members, individual members, agents, employees, contractors, participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners or lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL CLAIMS, DEMANDS AND CAUSES OF ACTION ALLEGING OR ARISING FROM ANY PERSONAL INJURY, DISABILITY, DEATH, or loss or damage to person or property, that may occur or has occurred, in connection with the sport of fencing or related activities, WHETHER OR NOT ARISING FROM THE NEGLIGENCE OF ANY OF THE RELEASEES, to the fullest extent permitted by law.

CONSENT FOR MEDICAL TREATMENT: This is to certify that I give my written consent to Treasure Coast Fencing Club and its representatives for myself and/or any person for whom I am signing this document to obtain medical care from any licensed physician, athletic trainer, hospital or clinic for any injury or illness that may arise during fencing and related activities.

CHOICE OF LAW: The foregoing agreement, consent, waiver and release shall be governed, interpreted and construed according to the law of the State of Florida without reference to choice of law principles.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY 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

x _____ Date Signed _____
PARENT/GUARDIAN'S SIGNATURE



COVID19 RELEASE AND WAIVER OF LIABILITY FOR FENCING CLASSES AND CAMP

NAME OF FENCER _____ DOB: __/__/__

NAME OF PARENT _____

ADDRESS _____ CITY: _____

PHONE _____

COVID19 PROTOCOL:

1. If you display flu like symptoms, stay home and inform the coach.
2. Wash hands before, during and after practice.
3. Do not shake hands
4. Do not share equipment

The club will be cleaned before each session. There will be adequate soap, water, paper towels and hand sanitizer available. Gear loaned will be dedicated to that fencer only. There is no general public traffic at club, only fencers and family members attend.

Liability Waiver:

I, the undersigned, being aware and having knowledge of the risks involved in group classes due to COVID19, am voluntarily participating in group classes and camps. I will strictly follow COVID19 Protocol.

Having such knowledge, I hereby acknowledge this release, and representatives, agents and successors from liability for accidental exposure to COVID19 which I may incur as a result of participating in fencing related activities. I hereby assume all risks connected therewith and consent to participate in said activities.

I also state that I have not been to a known active area of Covid-19 infections.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature of Parent _____ Date: __/__/__

Signature of Fencer _____ Date: __/__/__

Additional Information from participant, if necessary: