

North Hills Fencing Club

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, ASSUMPTION OF RISK, MEDICAL RELEASE

Please print the following:

Athlete's Name: _____ Grade: _____

Date of Birth: _____ Phone number: _____

Address: _____

You must sign a waiver of liability in order to participate in NHFC practices/scrimmages/competitions.

ATHLETE

I understand and appreciate that participation in fencing carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

Because of the dangers of participation in the sport of fencing, I recognize the importance of following the coaches' and officials' instruction regarding playing techniques, training, and other safety, team and competition rules, etc., and agree to obey such instructions. I have read and understand the NHFC rules, costs, and requirements. Furthermore, I understand that failure to obey such instructions can result in any or all of the following: (a) suspension of bouting privileges, (b) contact with parents/guardians, or (c) removal from NHFC.

In consideration of NHFC providing me the opportunity to participate in scholastic fencing, I hereby assume all risks associated with participation and release NHFC, its coaches, officials, representatives, agents, and practice facilities from any liability.

Signature of Athlete

Date

PARENT/LEGAL GUARDIAN

As the parent/legal guardian of the above named athlete, I have read and understand the above warning and release as well as NHFC's rules, costs, and requirements. I understand and appreciate that participation in fencing carries a risk of serious injury, including permanent paralysis or death.

In consideration of NHFC in providing my child/ward the opportunity to participate in its practices, scrimmages, and competitions as well as any other NHFC related activities. I hereby give my permission for him/her to participate in NHFC for the school year indicated as well as the following summer. I understand that failure of my child/ward to follow the rules, costs, and requirements of NHFC can result in any or all of the following: (a) suspension of bouting privileges, (b) contact with parents/guardians, or (c) removal from NHFC. I acknowledge that I am responsible for any medical care and all related expenses resulting from any cause whatsoever in connection with the aforementioned NHFC activities, and that the NHFC, its coaches, representatives, agents, and practice facilities are not liable for any medical or hospital care or expenses.

The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees and for all members of my family.

Signature of Parent or Legal Guardian

Date

Name of Medical Insurance Provider _____

Emergency Contact: Name/Phone Number _____