



## Fencing Club Class Registration Form

Athlete Information	
Fencer Name:	
Age:	
Address:	
City/State/Zip	
Home Phone:	
Parent/Guardian Name:	
Parent/Guardian Phone:	
Emergency Contact/Phone:	
Medical Information	
Please list any medical conditions that may affect the athlete's participation in this class :	
Please list any emergency medication used by the fencer to treat any conditions (i.e. inhaler, antihistamines, etc.):	
Photo Release	
I hereby give permission for images of myself/my child, captured during regular and special Indysabre Fencing Club programs through video, photo and digital camera, to be used solely for the purposes of Indysabre Fencing Club for promotional materials and publications, and waive any rights of compensation or ownership thereto.	
Fencer Signature/Date	Signature of Parent/Guardian for a minor/Date
Waiver of Liability	
<p>Fencing, according the United States Fencing Association, is a relatively safe sport. However, the level of safety is directly related to the safety equipment worn by the fencer including mask, jacket, plastron, knickers, elbow protector, glove, etc. I understand that as in any sport, even with the proper equipment, the possibility exists of injury or death. I understand that I am responsible for making sure that I have and wear proper equipment and that I am responsible for verifying the condition and applicability of the equipment. I understand that as a part of the teaching process, it may be necessary to have a limited physical contact from the instructor for correction purposes.</p> <p>I have read and understand the above. In consideration of being allowed to participate in fencing and related activities, the undersigned does hereby release, waive, discharge and hold harmless, and covenant not to sue the Indysabre Fencing Club, its representatives, instructors, tournament officials, and/or members from any and all liability and any and all loss, damages, injury or death.</p>	
Fencer Signature/Date	Signature of Parent/Guardian for a minor/Date