South Forsyth Fencing Club 2015-16

ASSUMPTION OF RISK AND WAIVER AND RELEASE OF LIABILITY

I understand and appreciate that participation in the sport of fencing carries a risk to me of serious bodily injury including permanent paralysis or death. I understand that fencing as an athletic activity involves physical exertion and that the sport of fencing involves aggressive physical contact with other participants. I knowingly and voluntarily recognize, accept, and assume this risk.

I assume the risk of bodily injury or other medical conditions arising as a result of my participation in the sport of fencing. I understand that it is my responsibility to wear appropriate safety equipment, including the appropriate clothing, to all fencing classes, practice sessions, and tournaments, or other activities sponsored by South Forsyth High School Fencing Club. I understand that I am responsible for my own safety and for conducting myself in a safe manner at all times.

I agree to hold harmless and hereby release South Forsyth High School Fencing Club, its coaches, instructors, volunteers, members, guests, other participants, the South Forsyth High School Fencing Club, its coaches, members and volunteers; and the Forsyth County Board of Education from any and all claims and liabilities of any kind in connection with my participation in the sport of fencing.

This agreement shall also be binding on my personal representatives, heirs, and assigns. This Assumption of Risk and Waiver and Release of Liability shall remain in full force and effect until such time as it is revoked in writing by the undersigned.

_____ _____

Signature of fencer Date

_____

Print name of fencer

_____ _____

Signature of parent/guardian if fencer is under 18 Date

_____

Print name of parent/guardian

CONSENT FOR EMERGENCY CARE

I give permission for representatives of the South Forsyth Fencing Club to seek emergency medical care for (student's name) _____ and to give consent for medical treatment if attempts to contact me are unsuccessful.

_____ _____

Signature of parent/guardian Date

Address: _____

Phone (Home) _____ (Cell) _____

MEDICAL INFORMATION

Insurance Company: _____

Member Name: _____ Member ID#:_____

Group ID#: _____

Allergies:_____

Other medical information we should be aware of: _____

_____

_____

_____

_____

_____

_____