



Fencer's Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date if under 18 years of age \_\_\_\_\_

**WAIVER OF LIABILITY:** By participating in the activity, I (including Parent or Guardian) agree to abide by the current rules of the USAF and other applicable rules instituted by the Club. I participate in this activity at my own risk and release and waive any claims for damages for personal injury or otherwise against the USAF, the Peters Township School District, the Peters Township Fencing Club, their members, sponsors, referees, volunteers, directors, employees, agents, and their heirs and assigns from any liability. The undersigned certifies that the birth date of the Fencers is as stated in registration for the activity, and that the Fencer is a current competitive member of the USAF for the 2023-2024 competitive season. Even though the Peters Township Fencing Club coaches and volunteers may inspect the Fencer's equipment for compliance with safety rules and regulations, I understand that I am solely responsible and assume all risk for the failure of the equipment and any injury that may result from its failure.

\_\_\_\_\_  
Fencer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**CONSENT FOR MEDICAL TREATMENT:** This is to certify that on this date, I, \_\_\_\_\_, give my consent to the USAF, the Club, and its representatives to obtain medical care from any licensed physician, hospital, or clinic for the Fencer for any injury or illness that may arise during activities associated with this activity although I/we understand that they may not be obligated to do so and waive any claim against them for not providing medical treatment.

\_\_\_\_\_  
Fencer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Please complete the following:**

\_\_\_\_\_  
Name of Carrier

\_\_\_\_\_  
Name of Policyholder

\_\_\_\_\_  
Address of Carrier

\_\_\_\_\_  
Policy Number