

"Tiger" Fencing Club

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"TIGER" Fencing Club (TFC) AGREEMENT TO OBEY INSTRUCTIONS, ASSUMPTION OF RISK, MEDICAL RELEASE

Athlete's Name: _____ Grade: _____

Date of Birth: _____ Phone number: _____

You must sign a waiver of liability in order to participate in TFC 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 TFC 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 TFC.

In consideration of TFC providing me the opportunity to participate in scholastic fencing, I hereby assume all risks associated with participation and release TFC, 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 TFC'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 TFC in providing my child/ward the opportunity to participate in its practices, scrimmages, and competitions as well as any other TFC related activities. I hereby give my permission for him/her to participate in TFC 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 TFC can result in any or all of the following: (a) suspension of bouting privileges, (b) contact with parents/guardians, or (c) removal from TFC.

I acknowledge that I am responsible for any medical care and all related expenses resulting from any cause whatsoever in connection with the aforementioned TFC activities, and that the TFC, 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

Both the fencers and their parents (if the fencer is under the age of 18) will be required to sign a medical release, included in this release is an agreement to abide by the rules listed below. Failure to abide by these rules can result in: (a) restriction of bouting privileges, (b) contact with parents, or (c) removal from TFC.