



Liability Waiver

Name: _____ Date of Birth: _____

If you have any physical/medical condition (asthma, allergies etc.) that we should be aware of, please note them here:

WAIVER OF LIABILITY: By coming to the Renaissance Fencing Club to fence, receive instruction and participate in physically strenuous activities, I agree to abide by the rules covering the sport of fencing as published by the USFA and the F.I.E.

I realize that the condition of the equipment I use is ultimately my responsibility. I understand that participation in sports carries a risk to me of serious injury, including permanent paralysis or death.

I voluntarily and knowingly recognize, accept and assume the risk and release Renaissance Fencing Club, its staff, members, sponsors, event organizers, equipment suppliers and officials from any liability.

Students Signature _____

Printed Name of Parent or Guardian (if under 18) _____

Signature of Parent or Guardian _____

Student Information

Address _____

Email _____

Phone # _____ Class Name/Lesson _____

Billing Email if different _____

Parents' Names _____

Parents' Phone #(s) _____

Secondary Emergency Contact & Relationship _____