Renaissance Fencing Center 185 E Elmwood Drive, Troy Mi. 48083 248 731-4764 ◊ info@renaissancefencing.com



Liability Waiver: Release and Hold Harmless

Student Name:	Date of Birth:	If any
physical/medical condition (ast	thma, allergies etc.) that we should be aware of, please note them h	ere:
WAIVER OF LIABILITY: By comi physically strenuous activities,	ing to the Renaissance Fencing Club to fence, receive instruction and	d participate in
that the condition of t	e rules covering the sport of fencing as published by the USFA and the equipment I use is ultimately my responsibility.	
 I understand that part paralysis or death. 	ticipation in sports carries a risk to me of serious injury, including pe	rmanent
diagnosed with a com- conditions o4 maladie	t or indirect contact with individuals who have been unknowingly ex imunicable disease, including but not limited to COVID-19 or other n es does exist and is it is impossible to eliminate the risk that this child a could become infected through contact with or close proximity to a disease	nedical d or
	ringly recognize, accept and assume the risk and release Renaissance on sors, event organizers, equipment suppliers and officials from any	_
the Renaissance Fenci and/or electronically.	ance Fencing Club, the right to take photographs of me and my faming Club, its assigns and transferees to copyright, use and publish the I agree that The Renaissance Fencing Club may use such photograph for any lawful purpose, including for example such purposes as public, and Web content.	e same in print hs of me with o
Students Signature	Name of Parent/Guardian (if under 18)	
Signature of Parent or Guardian	n	
	Student Information	
Address		_
Email		_
Phone #	Class Name/Lesson	_
Billing Email if different		_
Parents' Names		_
Parents' Phone #(s)		_
Secondary Emergency Contact	& Relationship	