 **The Fencers’ Club, LLC.**

**USFA MEMBERSHIP #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_/20\_\_\_\_\_

Student’s First Name/Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the class? flyer \_\_\_\_ web \_\_\_\_ other \_\_\_\_\_\_\_\_\_ School Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has any allergies, needs medication, or physical limitation. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT TO RELEASE ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

This statement must be signed in order for your registration to be accepted.

The undersigned is aware that there are certain inherent risks involved in participating in the fencing class or club including but not limited to the risk of theft or of damage to my property, and the risk of personal injury from participating in recreation activities. I understand that students may be touched as a normal part of the preparation and instruction process. I represent that the student is in good physical condition, has no physical or mental health problems that will preclude participation in fencing activities, has no underlying cardiovascular, neurological or any other illness that will prevent or inhibit participation in fencing classes in the same manner as a participant without such conditions. I understand that TFC personnel have no expertise in diagnosing, examining or treating medical conditions or in determining the medical effect of any exercise. I give consent to TFC and its representatives to obtain emergency medical care at my expense from any licensed physician, hospital or clinic for myself and/or the above mentioned student. In consideration of my being granted permission to participate in these activities and to use the facilities and/or other activities and services provided by the The Fencers' Club, its agents and employees, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and Indemnify the Club and its sponsor and all of its officers, departments, agencies, agents and employees from any and all claims,(except for claims based on malicious conduct by Club officers and employees), lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fee), charges, liabilities, or exposures, however caused, resulting from arising out of or in any way connected to my or my family's participation in programs.

**I HAVE READ AND UNDERSTAND THIS HOLD HARMLESS AGREEMENT AND BY MY SIGNATURE AGREE TO ITS TERMS. NO ACCIDENT OR MEDICAL INSURANCE IS PROVIDED FOR PARTICIPANTS. USFA MEMBERSHIP IS REQUIRED.**

**CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_**

**PHOTO RELEASE** the parent/guardian hereby gives permission without restrictions to The Fencers' Club and its assignees to photograph, film or videotape my child during programs. The purpose of this Release is to facilitate club news posts on our email lists and website and publicity for Club programs.

**Initial here for YES \_\_\_\_ (** Initial here to DENY Photo Release Permission: NO **\_\_\_)**

**The Fencers’ Club, LLC. 166 E. Broad St, Falls Church, VA www.thefencersclub.com**