

**Flathead Fencing Club
Waiver and Release of Liability**

Participant Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Assumption of Risk

I, the undersigned, understand that participation in fencing and related physical activities involves risk of injury, including but not limited to bruises, sprains, cuts, broken bones, and in rare cases, more serious injury. I certify that I am physically fit and have not been advised otherwise by a qualified medical professional.

I voluntarily assume all risks associated with participation in Flathead Fencing Club activities, including training, sparring, competitions, and any travel associated with these events.

Waiver and Release

In consideration for being allowed to participate in any way in the programs, events, or activities of the **Flathead Fencing Club**, I hereby release and hold harmless the **Flathead Fencing Club**, its officers, instructors, volunteers, members, sponsors, and affiliated organizations from any and all liability, claims, demands, causes of action, or damages resulting from my participation.

This waiver extends to any claims arising from the negligence of the parties released herein, to the fullest extent permitted by law.

Agreement to Comply

I agree to abide by all rules and instructions set forth by the Flathead Fencing Club and its representatives. I understand that failure to comply may result in suspension or termination of my participation.

Consent for Emergency Medical Treatment

In the event of an injury or emergency, I authorize the Flathead Fencing Club to seek and consent to medical treatment on my behalf. I agree to be responsible for any costs associated with such treatment.

Minors

If the participant is under the age of 18, a parent or legal guardian must sign below.

Participant Signature: _____

Date: _____

Parent/Guardian Name (if under 18): _____

Signature: _____

Date: _____