Austin Fencers Club - Participation Authorization/Waiver and Release

Participant's Name (please print): _____ Date of Birth: _____

I am the Parent of the named minor child (under 18 years of age) and agree to direct my child to cooperate and to conform with directions and instruction of Austin Fencers Club and their coaches, and with the rules and regulations of the facilities. All persons participating in these activities are deemed to have waived all claims against Austin Fencers Club, its Board of Directors and its employees for injury, accident, illness or death occurring during or by reason of participation in Austin Fencers Club activities.

WAIVER OF LIABILITY: I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this activity, I agree to abide by the current rules and safety regulations of Austin Fencers Club and Facility Owners. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of Austin Fencers Club's Board of Directors or Coaches and the decision may not be appealed. I enter this activity voluntarily and at my own risk and release Austin Fencers Club, its Board of Directors, organizers, and Facility Owners from any liability, claims including attorney's fees and court costs, suits, demands, causes of action which may arise, or are alleged to arise, from the sole negligence or act or omissions of Austin Fencers Club, its officers, agents, employees, or officials. I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of an emergency.

PARTICIPATION AUTHORIZATION: As a parent or guardian of the above named minor, I give permission for this minor to participate in the program activity. I have read and understand the foregoing statements and agree to assume the responsibility stated and waive all claims.

I certify that my child is in good health and can participate in all known activities of the group. I further certify that I am in sound mental health and fully capable of making this waiver of liability.

_____ _____
Signature of Parent/Guardian of Minor Date

IN CASE OF EMERGENCY I CAN BE REACHED AT: _____
Phone

CONSENT FOR MEDICAL TREATMENT:
This is to certify that on this date I, _____ give my consent to the Austin Fencers Club and its representatives to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during this activity. In the event of sickness or accidents, I will not hold Austin Fencers Club, its Board of Directors, coaches, or the Facility Owner responsible. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.

Check one:
- ❒ My child has no known physical or mental limitations
- ❒ My child has the following physical or mental limitations: _____

_____ _____
Signature of Parent/Guardian of Minor Date

	Primary Insurance	Secondary Insurance
Name of Carrier		
Policy Holder		
Address of Carrier		
Policy Number		