

AFAD Fencer Information, Medical Authorization, and Waiver

Fencers Name _____

Name of Parent or Guardian if fencer is a minor _____

Street Address _____

City _____ State _____ ZIP _____

Phone contact numbers: main: () ____-____ alternative () ____-____

Email: _____

Is it ok to share your Email Address with other AFAD fencers? Yes No

Fencer's Date of Birth _____ Sex: M F

Medical information

Emergency Contact _____

Relationship _____ Contact Number () ____-____

Do you have any medical conditions that should be known? If so, please explain:

Primary Doctor _____ Doctor's phone number () ____-____

Primary Hospital _____ Hospital Phone number () ____-____

Emergency Medical Authorization

In the event reasonable attempts to contact me at phone numbers provided have been unsuccessful, I hereby give my consent to the administration of first aid by any Red Cross certified individual and/or emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of surgery.

Signature of Participant or responsible Parent/Guardian (if minor)

Date

United States Fencing Association and American Fencing Academy of Dayton Waiver and Release and Assumption of Risk Agreement

This form must be completed on an annual basis, before participation in any activity of the American Fencing Academy of Dayton. In the case of a minor's participation, the form must be completed by a parent or guardian of the minor, with respect to the minor's participation.

In consideration of _____ ("Named Participant") being permitted to participate in any way in United States Fencing Association and American Fencing Academy of Dayton sponsored activities ("Activities"), I acknowledge the following.

1. I understand the nature of United States Fencing Association and American Fencing Academy of Dayton Activities and believe the Named Participant to be qualified to participate in such Activities.
2. I am aware the activities are conducted in facilities open to the public during the Activities.
3. I agree and warrant that if at any time during such Activities I believe conditions to be unsafe, I will immediately put an end to further participation in the Activities.
4. **These United States Fencing Association and American Fencing Academy of Dayton Activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("Risks").**
5. These risks may be caused by the Named Participant's own actions, or inactions, the actions or inactions of others participating in the Activities, the condition under which the Activities take place, or the actions or inactions of the Releasees named below.
6. There may also be other risks, dangers, social and economic losses not know to me or not readily foreseeable at this time, and I fully accept and assume all responsibility for such risks and all losses, costs, and damages incurred by the Named Participant, for the Named Participant and for the Named Participant's parents, guardians, heirs, and other defenders as a result of the Named Participant's participation in these Activities.

Knowing this, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless the United States Fencing Association and the American Fencing Academy of Dayton, their respective administrators, directors, agents, officers, volunteers, board members, instructors and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activities take place (each considered one of the "Releasees") from all liability, claims, demands, losses, or damages on my account, caused or alleged to be caused, in whole or in part, by the actions or inactions of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, or anyone on the Named Participant's behalf makes a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or costs incurred as the result of any such claim owing from the Named Participant's participation.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Signature

Date

Printed Name of responsible Parent / Guardian (if minor)

Signature

Date