Rain City SYC

Participant Liability Waiver and Medical Treatment Consent

Fencer's name: _____

Birth date (if under age 18): _____

To participate in our tournament, you must carefully read the following statements and indicate that you agree with them by signing your name. If you are under age 18, your parent or guardian must also sign.

LIABILITY WAIVER

I understand that participation in any sporting activity, such as fencing, entails a risk of injury. To reduce the risk of injury in this tournament, I agree to follow all the rules and safety regulations of the USFA, the Western Washington Division, Rain City Fencing Center, the tournament organizers and the facility owners. I understand that if I fail to follow these rules and regulations I may be expelled from the tournament and the facility and no refund of fees will be made. I understand that expulsion is at the sole discretion of the tournament organizers or bout committee, and I may not appeal any expulsion decision. I enter this fencing tournament at my own risk. I release the USFA, the Western Washington Division, Rain City Fencing Center, the tournament organizers and the facility owners, and anyone associated with these entities from any liability for any injury to me. I understand that reasonable measures will be taken to safeguard the health and safety of all the fencers and spectators.

I have carefully read and agree to this liability waiver.

_____ _ _____

Signature of fencer Date Signature of parent or guardian for minor Date

CONSENT FOR MEDICAL TREATMENT

This is to certify that on this date I, _____, give my consent to Rain City Fencing Center, the tournament organizers, the facility owners and their representatives to obtain medical care from any licensed physician, hospital or clinic for me for any injury or illness that may arise during activities associated with this tournament.

_____ _ _____

Signature of fencer Date Signature of parent or guardian for minor Date