

Rain City Fencing Center Waiver

Student Information

Name

Birth date

R/L Handed

Medical issues/conditions
(ADHD, asthma, etc.)

Contact Information (include parent's name if student is under 18)

Email

Home Phone

Mobile Phone

Address

Parent's name

Participation Agreement

Intending to be legally bound, I hereby release for myself, my heirs, executors, and administrators, any and all rights and claims for damages against Scherma LLC, Rain City Fencing Center ("RCFC"), its instructors and assistants, and their officers, employees, agents, and representatives for any and all injuries, illness (including COVID-19), or loss or damages incurred as a result of participation in the RCFC fencing program. I understand that RCFC is not responsible for personal property lost, damaged or stolen while participants are using RCFC facilities or are on RCFC premises.

I understand that it is my responsibility to provide health coverage while participating in all RCFC activities. I authorize RCFC to give medical treatment or obtain treatment from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with RCFC activities when my family or I cannot be contacted within a reasonable time.

Unless indicated otherwise to RCFC staff, I agree that any pictures, audio, or visual recordings taken of the participant in connection with the activities can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time.

All participants shall follow the published guidelines and safety rules and the instructions of the RCFC coaches at all times. I understand that violation of the guidelines or safety rules may result in not being able to participate in some or all class activities. I further understand that RCFC reserves the right to remove a participant from a class if necessary.

If student is under 18, I give permission for my minor child or ward to participate in the RCFC program.

(over)

COVID-19 Waiver

(This section is a Washington State legal requirement)

I understand the contagious nature of the SARS-CoV-2 which causes COVID-19, and that local, state, and federal agencies recommend social distancing and protective measures. I further understand that RCFC has put protective measures in place, and that members and visitors will be required to follow certain protective procedures.

I acknowledge that protective measures can reduce but cannot totally eliminate the risk of infection, and that by participating in activities at RCFC, I am voluntarily increasing my risk of exposure to SARS-CoV-2. I agree that the legal release above applies to potential exposure to SARS-CoV-2 and COVID-19.

Signature: _____ Date: _____
(Parent's signature if student is under 18)