

Nova Fencing Club

USFA MEMBERSHIP #	Expiration _	/20	
Student's First Name/Last Name			
How did you hear about us? Flyer Web Yelp	Other	_School Attended	
Home Address			
Student Date of BirthEmail			
Parent/Guardian Name	Cell		
Emergency Contact			
If your child has any allergies, needs medication, or physic	cal limitation. Please	specify:	
RELEASE AND WAIVER OF LIABILITY READ BEFOR In consideration of being allowed to participate in any way		ub and its related events and	activities, I,
[print name]	, the undersigned, a	acknowledge, appreciate, and	agree that:
1. The risk of injury from the activities involved in the sport of fencing and rela particular skills, equipment, and personal discipline may reduce this risk, the r my presence or participation in any such activity, I will bring such hazard immactivity; and, 2. I knowingly and freely assume all such risks, both known and unknown, even participation; and, 3. I understand that I may be touched as a normal part of the preparation and 4. I represent that I am in good physical condition and have no underlying heaparticipant without such conditions. I understand that NFC personnel have no medical effect of any exercise; and 5. I give consent to NFC and its representatives to obtain emergency medical determine the need arises; and6. I agree to comply with the stated and custor Fencing's Fencing Rules, Athlete Handbook and Safe Sport Policy, as amend 6. I, for myself and on behalf of my heirs, assigns, personal representatives a division, club, host organization, officer, director, referee, coach, volunteer, off and, if applicable, owners and lessors of premises used for the activity ("Releaproperty, whether arising from the negligence of the Releasees or otherwise, in have read this release of liability and assumption of risk as	risk of serious injury does elediately to the attention of a ren if arising from the negliginstruction process; and, alth problems that will precleave the expertise in diagnosing, excare at my expense from a mary terms and conditions are defrom time to time; and, and next of kin, hereby releaticial, agent and/or employed asees"), with respect to any to the fullest extent permitted.	exist. If, however, I observe any unusual an official, organizer or other person with igence of the Releasees or others, and a stude participation in fencing activities in examining or treating medical conditions any licensed physician, hospital or clinic for participation, including but not limited ease, indemnify, and hold harmless NFC ee, other participants, sponsoring agencity and all injury, disability, death, or loss deed by law.	significant hazard during h responsibility for such assume full responsibility for the same manner as a or in determining the for myself should they d to those set forth in USA, and any affiliated section, ties, sponsors, advertisers, or damage to person or
substantial rights by signing it, and sign it freely and volunt	tarily	Date	e Signed
PARTICIPANT'S SIGNATURE FOR PARENTS/GUARDIA TIME OF REGISTRATION) This is to certify that I, as parer agree to his/her release as provided above of all the Released and agree to indemnify and hold harmless the Releasees participation in these programs as provided above, even if permitted by law.	nt/guardian with lega asees, and, for myse from any and all liab	al responsibility for this particip elf, my heirs, assigns, and nex bilities incident to my minor chi	pant, do consent and it of kin, I release ild's involvement or
PARENT/GUARDIAN'S SIGNATURE		Date	Signed
PHOTO RELEASE the parent/guardian hereby gives p to photograph, film or videotape my child during programs email lists and website and for publicity for Club programs	. The purpose of this		
Initial here for YES (Initial here to DENY Photo Rele	ease Permission: NC	o)	

www.novafencingclub.com

Nova Fencing Club, 3431 Carlin Springs Rd., Ste. E, Falls Church, VA 22041