

# RCFC Waiver 2015-2016

## Student information

Name	Date of birth (yyyy-mm-dd)	Male/ Female	Hand R/L/Both/?	USA Fencing #

Medical conditions or health concerns we should be aware of (asthma, ADD/ADHD, etc.):

\_\_\_\_\_

## Contact information

\* This information is solely for when we need to contact you. We do not disclose any personal information to third parties.

Parent/guardian (if student is under 18): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(s): Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_

\_\_\_\_\_ Check here to receive important announcements via email

## Emergency contact (if different from above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

## Participation Agreement

I understand that violation of Rain City Fencing Center rules and guidelines may result in not being able to participate in some or all class activities. I further understand that Rain City Fencing Center reserves the right to remove a participant from a class if necessary.

Student signature(s): \_\_\_\_\_ Parent signature: \_\_\_\_\_

## Waiver and Consent for Medical Treatment

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, Stephen Colton, Garik Balayan, Gregory A. Jones, Christian Ford, and/or their officers, employees, agents, and representatives for any and all injuries or loss or damages incurred as a result of participation in the Rain City Fencing Center fencing program. I understand that Rain City Fencing Center is not responsible for personal property lost, damaged or stolen while participants are using RCFC facility 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 Rain City Fencing Center Fencing Camps when my family or I cannot be contacted within a reasonable time. If student is under 18, I give permission for my minor child or ward to participate in the Rain City Fencing Center program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of above-named parent or guardian if student is under 18)

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_



## 2015-2016 Non-Competitive Membership Application

USA Fencing membership is required for all of our students as part of our insurance coverage. For non-competitive students, we provide all relevant information to USA Fencing electronically.

Competitive fencers should renew their USA Fencing membership online. Memberships expire at the end of July each year.

Name	Date of birth	Male/Female	Country of Citizenship

### WAIVER OF LIABILITY- YOUR SIGNATURE IS REQUIRED

In consideration of my participation in the sponsored activities of USA Fencing Association, I acknowledge, agree to and understand that: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a fencing event. I further agree on behalf of myself, my heirs, and personal representatives, that USA Fencing, the host organization, and sponsors of any USA Fencing sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities.

X \_\_\_\_\_ X \_\_\_\_\_  
Member's Signature(s) \*(Must be signed to process)

X \_\_\_\_\_  
Parent's or Legal Guardian's Signature\*  
(\*Required for members under 18)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_