## The Huntsville Fencing Club Beginning Fencing Class Registration & Waiver

| Full Name |           |
|-----------|-----------|
|           |           |
| Email     |           |
| Telephone | Alternate |

I hereby waive and release from all rights and claims for damages I may have against the Huntsville Fencing Club (HFC), the United States Fencing Association (USFA), Tower Loan Huntsville, the instructor, assistant instructors, club officers, club members, and other students from any and all liabilities arising from illness, losses, injuries, or damages I may suffer as a result of my participation in fencing at the Huntsville Fencing Club. I agree to abide by all HFC and USFA rules and regulations. I attest and verify that I am physically fit.

| Signature                                    | Date |
|--|------|
| (If under 19, parent or guardian signature.) |      |

## **Consent for Medical Treatment**

I understand and appreciate that participation in the sport of fencing carries a risk to me of serious injury, including permanent paralysis or death. I give my consent to representatives of the Huntsville Fencing Club to obtain medical care from physicians, clinics, or hospitals for any illness that could arise during fencing at the Huntsville Fencing Club.

| Signature                                    | Date |  |
|--|------|--|
| (If under 19, parent or guardian signature.) |      |  |
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| <b>Emergency Contact</b> | <b>T</b> 1 1 |
|--------------------------|--------------|
| Hmergeney Contact        | Telephone    |
| Lincigency Contact       | ICICPIIOIIC  |
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