Scarborough Fencing Club

Student Registration and Consent Form - 2017

Name: _____

Telephone: _____ **Date of Birth:** _____

Address: _____

E-Mail: _____

Any health concerns we should be aware of? **[N]** **[Y], please explain:**

_____

Emergency contact: _____ **Telephone:** _____

Address: _____

Do you have previous fencing experience? **[N]** **[Y]**

Which weapons? _____

Do you require fencing equipment?
[ ] Jacket
[ ] Mask
[ ] Foil

In consideration of the acceptance of the undersigned as a student of the Scarborough Fencing Club, I, the undersigned hereby, for myself, my heirs, executors, administrators, assigns and personal representatives, release, waive and forever discharge the Scarborough Fencing Club and its representatives, officers, directors, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whither in law or in equity, in respect of death, injury, loss or damage to my person or property, howsoever sound, arising or to arise by reason of my participation in any manner whatsoever.

I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid form and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my participation in the activities and/or services offered by the Scarborough Fencing Club.

I hereby acknowledge having read, understood and agreed to the above Release, Waiver and Indemnity.

Signature of named student, or guardian: _____

Dated this _____ day of _____ 2017, at Scarborough.