

PARTICIPATION WAIVER for FIT ACTIVITIES

Event Organizer: _____ Event Location: _____

Event Name: _____ Date of Event: _____

Participant's Name: _____

Check One:

☐ I am an adult, 18 years or older, and agree to ---

☐ I am the Parent of the named minor (under 18 years of age) and agree to direct my child to --

Cooperate and conform with directions and instructions of the Event Organizers, activity co-sponsors, and/or their representatives in charge of the event, with the rules and regulations of the facilities and USA Fencing, and all directions given by event officials and organizers, activity co-sponsors, and/or their representatives.

WAIVER OF LIABILITY: I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this event, I agree to abide by the current rules and safety regulations of USA Fencing, Event Organizers and Facilities Owners. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of the Event Organizers or FIT Board of Directors, and the decision may not be appealed. I enter this activity at my own risk and release the Event Organizers and Facilities, their Board of Directors, sponsors, and co-sponsors from any liability. I understand that reasonable measures will be taken to safeguard the health and safety of the group.

I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims.

(Signature of Fencer) (Date) (Signature of Parent or Guardian of Minor) (Date)

CONSENT FOR MEDICAL TREATMENT

This is to certify that on this date I, _____, give my consent to the Tournament Local Organizer or their representative to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during this activity. **In the event of sickness or accidents, I will not hold the tournament organizer, facility administration or group sponsor responsible. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.**

(Signature of Adult Participant) (Date) (Signature of Parent or Guardian of Minor) (Date)

(If a parent or guardian will remain on site 100% of the time, the information below is not required.)

INSURANCE INFORMATION		
	Primary Insurance Information	Secondary Insurance Information
Name of Carrier		
Name of Policy Holder		
Address of Carrier		
Policy Number		