## PARTICIPATION AUTHORIZATION

☐ Friday Night Special ☐	Birthday Party/Scouts	☐ SMU/UNT Student	☐ Other:	<del></del>
Participant's Name (please prin	t):	Month	/Year of Birth:	
representatives in cha activity co-sponsors,	minor child (under 18 year form with directions and ins rge of the activity, with the and/or their representatives. se activities are deemed to h	s of age) and agree to direct truction of the Fencing Inst rules and regulations of the ave waived all claims again	itute of Texas (FIT), facilities, and all dir st Fencing Institute of	activity co-sponsors, and/or their ections given by FIT personnel, of Texas, Inc., Dallas, Texas, and or by reason of participation in
communicable diseases such as and safety regulations of the Fe regulations will result in expuls Board of Directors or Coaches Fencing Institute of Texas, its E costs, suits, demands, causes of Institute of Texas, it's officers, and safety of the group and that	flu, coronavirus and other a noing Institute of Texas as p ion and no refund of fees wi and the decision may not be loard of Directors, sponsors action which may arise, or agents, employees, or offici- I will be notified as soon as	irborne illnesses. Upon ent osted on the FIT Website u Ill be made. Expulsion is al appealed. I enter this activ and organizers from any li are alleged to arise, from thals. I understand that reaso	ering this activity, I a nder COVID 19. Fa the sole discretion o ity voluntarily and a ability, claims include e sole negligence or nable measures will	f Fencing Institute of Texas' my own risk and release the ling attorney's fees and court act or omissions of Fencing
licensed physician, hospital or of sickness or accidents, I will not of a medical doctor and/or proviby medical authorities.  □ I have no known p	te I give my consent to the F Elinic for the above named a hold the administration or §	thlete for any injury or illne group sponsor responsible. I dical services. I agree to pa	ss that may arise dur n case of sickness or	o obtain medical care from any ing this activity. In the event of accident, I authorize the calling ervices that are deemed necessary
INSURANCE INFORMATION				
	Prin	ary Insurance	Sec	ondary Insurance
Name of Carrier  Name of Policy Holder			_	
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Address of Carrier				
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Address of Carrier Policy Number  PARTICIPATION AUTHOR  As a parent or guarunderstand the propose	rdian of the above named m sed activity, the leadership a derstand the foregoing state in good health and can parti	nor, I give permission for to companying the group, and ments and agree to assume cipate in all known activition	d all other circumstather responsibility state	
Address of Carrier  Policy Number  PARTICIPATION AUTHOR  As a parent or guarunderstand the propose I have read and un  I certify that (I am/my child is)	rdian of the above named m sed activity, the leadership a derstand the foregoing state in good health and can parti	nor, I give permission for to ccompanying the group, and ments and agree to assume cipate in all known activition bility.	d all other circumstather responsibility state	nces relating to this activity. ted and waive all claims. ther certify that I am in sound
Address of Carrier  Policy Number  PARTICIPATION AUTHOR  As a parent or guar understand the propose I have read and un  I certify that (I am/my child is) mental health and fully capable	rdian of the above named model activity, the leadership adderstand the foregoing states in good health and can partition of making this waiver of liated.  Date	nor, I give permission for to ccompanying the group, and ments and agree to assume cipate in all known activition bility.	d all other circumsta the responsibility sta es of the group. I fur	nces relating to this activity. ted and waive all claims. ther certify that I am in sound
Address of Carrier  Policy Number  PARTICIPATION AUTHOR  As a parent or guar understand the propose I have read and un I certify that (I am/my child is) mental health and fully capable  Signature of Participant	rdian of the above named model activity, the leadership adderstand the foregoing states in good health and can particular of making this waiver of liated.  Date	nor, I give permission for to companying the group, and ments and agree to assume cipate in all known activition bility.  Signature of Paragraphs	d all other circumstathe responsibility states of the group. I fur	nces relating to this activity. ted and waive all claims. ther certify that I am in sound or Date