

Oliver Fencing Co. Membership Application

Email: oliverfencing.co@gmail.com

Tel: 971-205-2102

Date: _____

Name of Fencer: _____

Street Address: _____

Cell: _____

Email: _____

How did you find out about us?: _____

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## EMERGENCY CONTACT INFO

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

Cell: \_\_\_\_\_

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

Do you have any allergies or medical conditions we should be aware of?

\_\_\_\_\_

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RELEASE AND WAIVER OF LIABILITY

By signing this waiver, I understand that participation in any program or sporting activity carries a certain degree of risk of injury and potential exposure to communicable diseases such as flu, coronavirus, including COVID-19, and other illnesses spread by any means including, but not limited to, contact or airborne. Upon participating in any program or sporting activity, I agree to abide by the current rules and safety regulations of Oliver Fencing Co. I agree that in consideration of permitting me to participate in any Oliver Fencing Co. program or activity I do so voluntarily and at my own risk, and hereby release and forever discharge Oliver Fencing Co. of and from any liability, claims suits, demands, causes of action whether in tort or contract, including attorney's fees and costs, which may arise, or are alleged to arise, from my participation in any Oliver Fencing Co. activities or programs, and/or traveling to or from any such activity or program. I understand that reasonable measures will be taken to safeguard the health and safety of participants and will abide by such reasonable measures. If I am injured while participating in the Oliver Fencing Co. programs, and/or activity I and my family agree to waive any legal claims against the Oliver Fencing Co., and those associated with the Oliver Fencing Co. By signing this Release and Waiver of Liability, I also agree to be financially responsible for the membership dues and any other fencing related expenses incurred to the Oliver Fencing Co. Upon cancellation of membership or expulsion from the club, payment of all monthly dues for the current month plus any other fencing related expenses incurred up to the date of cancellation is obligatory. By signing this Release and Waiver of Liability, I swear or affirm that I am in good physical condition and I am not aware of any disease, illness, or injury that would result in my being injured or create a risk of transmitting any disease, illness, or cause injury to others during my participation in any program or sporting activity. If I am less than 18 years of age or a minor under the laws of my state of legal residence, my parent or guardian shall sign this release for me and shall have the same binding effect.

Fencer's Signature: _____

Date: _____

If Under 18, Parent/Guardian Signature: _____

Date: _____