

Ace Fencing Academy, LLC Waiver

*required fields

Welcome to Ace Fencing Academy! Please provide us with the following information to begin fencing:

Fencer's Name*: _____

Date of Birth*: _____ Gender: _____ How did you hear about us? _____

Address (of Parent or Guardian if under 18)*: _____

Contact Phone (of Parent or Guardian if under 18)*: _____

Contact Email (of Parent or Guardian if under 18)*: _____

Do you have any physical conditions which affect your ability to engage in strenuous physical activity?

Y ___ N ___ If yes, please specify: _____

Communications Consent and Email Privacy Policy

I agree to receive the following electronic communications from Ace Fencing Academy:

- Important Notifications: cancelations, class and holiday schedules, special events
- Newsletters: tournament information and results, general interest club news

I understand that I can opt out at any time via the unsubscribe links provided in the emails. The provided email address will not be used for other purposes, and will not be redistributed to a third-party without consent.

Publication Consent

I agree to the publication of the above named fencer's name and likeness to Ace Fencing Academy's website, social media, and/or email, for publication in a newsletter, or in the website's image gallery. I understand that I can opt out in writing at info@acefencingacademy.com.

Waiver

While fencing is an inherently safe activity, like all sports activities, it contains some risk of personal injury. While fencer is choosing to participate, Ace Fencing Academy, LLC and its owners and staff shall not be held liable for injuries, death, or property damage incurred by fencer or guests of fencer. Fencer fully waives, releases and holds harmless Ace Fencing Academy, LLC and its owners and staff from all liability resulting from direct or indirect damages. Fencer agrees to maintain all personal fencing equipment in a safe condition, and follow all safety instructions given by Ace Fencing Academy staff.

Medical Treatment Consent

I give consent to Ace Fencing Academy staff to obtain medical care from any licenced physician, hospital or clinic on the above named fencer's behalf for any injury or illness that may arise during activities associated with Ace Fencing Academy practices and open fencing.

Name of Responsible Party
(If under 18 years old, Parent or Guardian must sign)

Signature

Date