Class Event: NJFA classes for nonmembers

Location: 767 Prospect Ave, Maplewood, NJ 07040

Class Organizing Authority: NJFA

Fencer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER OF LIABILITY:

1. Upon entering these classes under the auspices of USA Fencing, I agree to comply with current rules of USA Fencing and other applicable rules instituted by the class organizers, and assume full responsibility for my, or my minor child’s, participation.

2. I enter this class at my own risk and release USA Fencing and its sponsors, New Jersey Fencing Alliance, owners/lessors of premises, New Jersey Fencing Alliance Management, referees, officers and agents, the class organizers and the class organizers’ officers and agents, any affiliated USA Fencing Division, from any liability.

3. The undersigned certifies that the birth date of the individual is as stated in registration for this tournament, and that the individual is a current competitive member of USA Fencing or other fencing federation for the competitive season in which the tournament takes place.

4. I am the parent/guardian with legal responsibility for this participant, and I agree to hold harmless the Release from any and all liabilities incident to my minor child’s involvement or participation in this tournament, even if arising from the negligence of the Releases.

5. I understand that photography, filming, recording or any other form of media of the athlete during the tournament can be used by the host organization and USA Fencing. Those refusing media coverage of the fencer must bring this waiver form to the class teacher.

6. I understand that the New Jersey Fencing Alliance is not responsible for any lost or stolen property.

CONSENT FOR MEDICAL TREATMENT: This is to certify that on this date I give my consent to the tournament organizers, New Jersey Fencing Alliance and their representatives to obtain medical care from any licensed physician, EMS personnel, hospital or clinic for the above named athlete for any injury or illness that may arise during activities associated with this tournament.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. For all minor athletes a parent or guardian must also sign.

Fencer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_