PARTICIPATION \	WAIVER		6/2017
INTRO CLASS:	TRIAL WEEK:	BIRTHDAY PARTY:	OTHER:
such as injury, fatigue, (3) NWFC does not pro possible; life-threateni physical condition, fencer Fencer and Parent/Gue	and equipment failure, (2) vide medical insurance for ng injury, very rare. Fence ce safely, be responsible for	) fencing involves strenuous mover r fencing injuries. In fencing, mind r chooses to fence at NWFC and, or his/her physical safety, and fol der 18, assumes the risks of any i	d understand that (1) sport involves risks ements and aggressive, physical contact, and or injuries are common; significant injuries, for that opportunity, shall know his/her low NWFC Rules and Code of Conduct. njury, medical condition, or property loss
			permission (1) for Fencer to participate in
events at NWFC and (2) if Fencer needs medical treatment and Parent/Guardian cannot be promptly contacted, for NWFC staff or qualified medical practitioners to render first aid or emergency treatment.			
Fencing Center, its dire all claims, liability, and to my (or, if Parent/Gurepresentatives, heirs, Image Use Policy. wherever they are part NWFC discontinue such NWFC may use an iden subject. Commercial use Photos provided to NW such images are vested Agreed. I received a	ectors, officers, staff, coach demands or actions for per ardian, my child's) fencing and assigns.  NWFC may receive and us cicipating and of other per nuse of their image. Edito atifiable image of a person se includes identifiable image. FC carry an implicit permit in the photographer and a copy of and read this Wardians.	nes, instructors, members, guests ersonal injury, property damage, gractivity at NWFC. This Release she for editorial purposes (i.e., nonsons, whether identifiable or not rial use includes images on NWFC for commercial purposes, ONLY ages in advertisement and on sale ission by the photographer to use subject(s) according to applicable	-commercial) images of its members , at NWFC facilities. Subjects may request C website and social media. with explicit, advance permission of the eable items. e them for editorial purposes. Other rights to e law. I information is accurate, and, by signing,
Fencer Signature o	r Parent/Guardian (If u	under 18 years of age)	Date
Fencer's name			DOB
Parent or Guardian Name			I
Mailing Address, City, State	e, Zip		
Parent Email		Fencer Email	
Parent Phone		Fencer Phone	



Emergency Contact (Name, Phone Number, & Relationship)



Medical conditions or disabilities