

Mid- South Fencers' Club
March RYC

March 24- 25, 2018

FENCER'S NAME: _____

BIRTH DATE: _____

All participants MUST read and sign each of the following statements (for athletes under the age of 18, a parent or guardian must also sign):

WAIVER OF LIABILITY AND CERTIFICATIONS: Upon entering this tournament under the auspices of USA Fencing, I agree to abide by the current rules of USA Fencing and all other rules instituted at the tournament. I enter this tournament at my own risk and release the following from any and all claims and/or liability in any way related to or arising out of this tournament to the fullest extent allowed by law: USA Fencing and its sponsors, tournament referees, the Bout Committee, Mid- South Fencers' Club, their respective directors, officers, employees, agents, and volunteers, and any other tournament organizers and volunteers, employees, agents, officers, directors and clubs, as well as their subsidiaries, parents, or other affiliates (if any). The undersigned further certifies that the birth date of the individual is as stated on this form and in the registration for this tournament, and that the individual is a current competitive member of USA Fencing for the competitive season in which the tournament takes place.

Fencer's Signature: _____ Date: _____

Signature of Parent or Guardian for Minor: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT:

This is to certify that on this date I, give my consent to USA Fencing, Mid-South Fencers' Club, and their respective representatives (including, without limitation, any tournament personnel) to obtain medical care from any physician, hospital, EMS personnel, or clinic for the above named athlete for any injury or illness that may arise during the activities associated with this tournament.

Fencer's Signature: _____ Date: _____

Signature of Parent or Guardian for Minor: _____ Date: _____

If said athlete is covered by any insurance company, please complete the following (please print legibly):

Name of Carrier Name of Policy Holder: _____

Address of Carrier Policy Number: _____

NOTE REGARDING MEDIA COVERAGE AND OPT OUT OPTION:

Photography, filming, recording, or other forms of media of the athlete taking during the tournament can be used by the host organization and USA Fencing. Fencers wishing to opt out and refuse media coverage must sign in the blank space below (or their parent/guardian must sign) and present this form to the Bout Committee.