



## **Four Corners Fencing Club Individual Liability Waiver**

This waiver of liability must be signed or membership in the Four Corners Fencing Club will not be allowed.

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**Printed Name of Fencer**

I am not aware of any injury, illness, or other health related issues that would restrict or limit my child's ability to participate in competitive fencing. I understand and appreciate that participation in a sport carries a risk of injury. I voluntarily and knowingly recognize, accept, and assume risk and release the owners, advisers, volunteers, members, employees, and coaches of the Four Corners Fencing Club from any liability. I accept that any medical costs incurred due to injury sustained while fencing or other activities at Four Corners Fencing Club are my own responsibility.

I understand that although some accidents may not be preventable, that my risk of injury can be reduced by wearing the appropriate safety equipment and by following the rules of the sport. I therefore will wear the proper safety equipment (including but not limited to: mask, glove, jacket, fencing pants and underarm protector) and that I shall regularly inspect the equipment for damage and that I shall use only equipment that passes these regular safety inspections.

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**Signature**

**Date**

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**Parent/Guardian Signature for those under 18**

**Date**