

BUCKS COUNTY ACADEMY OF FENCING

TASTE OF FENCING RELEASE FORM

The undersigned acknowledges by the execution of this release that he/she has been advised that the sport of fencing does involve certain risks from substantial physical stress, as well as dangers, which may be caused by other participants, equipment breakage, or equipment malfunctions beyond the control of the instructor. The above are only examples and are not deemed to be all-inclusive.

On contracting for fencing lessons to be provided by Mark Holbrow through the Bucks County Academy of Fencing (BCAF), or on contracting for use of the facilities and equipment of the Bucks County Academy of Fencing, the undersigned represents that he/she:

- A. Is in proper physical condition to participate in strenuous physical exercise, and if in doubt, has solicited and received medical verification; and
- B. Understands that any equipment belonging to the Bucks County Academy of Fencing is not warranted by the Bucks County Academy of Fencing and is used by the undersigned and by those participants the undersigned may be engaged with at the undersigned's election, and the undersigned assumes all risk of such usage.

In consideration of acceptance by Mark Holbrow and the Bucks County Academy of Fencing as a student or as a participant, the undersigned releases Mark Holbrow and the Bucks County Academy of Fencing, his agents, servants, and employees from any claim whatsoever for damages arising from any loss, injury, or otherwise arising out of the negligence of Mark Holbrow, his agents, servants, employees, or any third party on the premises and agrees to indemnify and hold harmless Mark Holbrow, his agents, servants, or employees from any claim, loss, damage, judgment, or otherwise.

I understand that the lesson fees are non-refundable.

Signature of Parent/Guardian (or Student if over 18):

Name of Student _____ Today's Date _____

Date of Birth _____

Home Phone _____ Cell Phone _____

Email: (print clearly) _____

Mailing Address _____

Junior Fencer Information (20 years old & under)

Parents' Names (List First AND LAST if not the same)

Mother _____ Home/Cell Phone _____

Work Phone _____

Father _____ Home /Cell Phone _____

Work Phone _____

How did you find us (Ad, sign, referral, etc.)? _____

Allergies/Medical/Physical issues the instructor should be aware of:

Name of Student: _____

Last, First

(print clearly!)

Date: _____