

Pope Fencing Summer Camp

WAIVER

ASSUMPTION OF RISK AND WAIVER AND RELEASE OF LIABILITY

I understand that fencing as an athletic activity involves physical exertion and that the sport of fencing involves aggressive physical contact with other participants. I understand and appreciate that participation in the sport of fencing carries a risk of serious bodily injury or death. I knowingly and voluntarily recognize, accept, and assume this risk.

I agree to hold harmless and hereby release the Pope Greyhound Fencing Club, its coaches, members and volunteers; and the Cobb County Board of Education, its faculty and staff from any and all claims and liabilities of any kind in connection with participation in the Pope Fencing Summer Camp.

This agreement shall also be binding on my personal representatives, heirs, and assigns.

This Assumption of Risk and Waiver and Release of Liability shall remain in full force and effect until such time as it is revoked in writing by the undersigned.

Signature of fencer

Date

Print name of fencer

Signature of parent/guardian

Date

Print name of parent/guardian

MEDICAL INFORMATION

Allergies:

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Other medical information we should be aware of:

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CONSENT FOR EMERGENCY CARE

I give permission for representatives of the Pope Greyhound Fencing Club to seek emergency medical care for

(child's name) _____

and to give consent for medical treatment if attempts to contact me are unsuccessful.

Signature of parent/guardian

Date

Address: _____

Phone (Home) _____ (Cell) _____

INSURANCE (not required if we have a copy of your insurance card)

| | | | |
|-------------------|--|-----------------|--|
| Insurance company | | Policy number | |
| | | Name of insured | |