



IFA WOOLWICH / Release Form

Participant Release of Liability and Financial Waiver:

By signing this release of liability, I, and/or on behalf of my minor children, warrant and represent that I and/or my minor children, as the case may be, are in good physical condition, are physically and mentally equipped to engage in the activity of fencing. Furthermore, I and/or on behalf of my minor children warrant and represent that I am not cognizant of any physical ailment, disease or injury that would create a risk of injury during any program participation. If the below named program participant is less than 18 years of age or considered to be a minor under the laws of the participant's state of legal residence, it is understood that said participant's parent or other legal guardian shall sign this release on behalf of said minor.

Upon entering classes, club activities or club competitions being held at IFA on the property of Otto C. Rode Inc. located at 50 Paulsboro Rd., Woolwich, NJ, I, and/or on behalf of my children, agree to abide by the rules of Infinity Fencing Alliance and voluntarily and knowingly recognize, accept, and assume this risk and release IFA, its coaches, its members, their responsible officers, officials, employees, or volunteers and the property owners of Otto C. Rode Inc. from any and all liability stemming from my fencing and related activities.

By signing this release of liability, I, and/or on behalf of my children, swear that I and/or my children are in good physical condition and I am not aware of any disease or injury that would result in being injured during any program participation. If I am less than 18 years of age or a minor under the laws of my state of legal residence, my parent or guardian shall sign this release for me.

By signing this I understand and agree to abide by the IFA Code of Conduct

Fencer's Name (PRINT): Last _____ First _____

Fencer's Signature _____ Date: _____

If under 18, Parent / Guardian Signature: _____

Address: _____

Email: _____ Phone: _____

Media Release:

During practice, club events and competitions, Infinity Fencers may be photographed and videotaped. The pictures and video footage may be used on the club's website and in various promotional materials.

Please indicate if it is acceptable for the fencer's photographs and/or video footage to be used in the Infinity Fencing Alliance's electronic and printed media (please circle one): **YES** **NO**

Fencer's Name: _____

Fencer's Signature _____ Date: _____

If under 18, Parent / Guardian Signature: _____ **Date:** _____

Address PRINT : _____

Safe Sport Policy:

Infinity Fencing Alliance follows the Safe Sport Policy put in place by the USA Fencing Association on July 17, 2013. For more information please refer to our website www.infinityfencingalliance.com or www.usfencing.org.

Permission for Medical Treatment:

Participant Name (Please print): _____

Parent or Guardian: _____

Phone Numbers: Home _____ Cell _____

I understand that supervisors and instructors of Infinity Fencing Alliance do not have specialized medical training. I therefore give permission to the adult supervisors and instructors of Infinity Fencing Alliance, in the event of a medical emergency, large or small, to use their best judgment, as dictated by the circumstances, to engage the services of qualified medical personnel to address the medical emergency.

This shall include securing the services of a medical doctor and, if deemed necessary by the supervisor or instructor of Infinity Fencing Alliance, calling an ambulance. In such an event, the participant and participant's family shall be responsible for the costs of such medical intervention.

I promise to notify IFA of any change of address or phone numbers.

Signature of Parent or Guardian: _____

Date Signed: _____

Emergency Contact NAME (PRINT): _____

Emergency Contact PHONE Numbers: _____