

ON GUARD HIGH SCHOOL FENCING LEAGUE OF GEORGIA, INC.
WAIVER OF LIABILITY - YOUR SIGNATURE IS REQUIRED

In consideration of my participation in the sponsored activities of the *On Guard High School Fencing League of Georgia, Inc.*, I acknowledge and agree that: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a fencing event. I further agree on behalf of myself, my heirs, and personal representatives, that *On Guard High School Fencing League of Georgia, Inc.*, the host organization, the facility owner, and sponsors of any *On Guard High School Fencing League of Georgia, Inc.* sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities. In the event of an injury or illness, I/we grant permission for First Aid and Emergency Medical Care to be provided for the fencer named below by Emergency First Responders or Professional Medical Personnel.

Fencer's name (please print) _____ Member School _____

Fencer's Date of Birth: ____/____/____ Grade: ____9th ____10th ____11th ____12th

List Fencer's Weapon(s) & the Number of Years of Experience For Each Weapon:

Epee _____ Foil _____ Sabre _____ USFA RANK _____

Fencer's Signature

Date

*Signature of Parents/Legal Guardians are required if Fencer is under age 18:

Signature of Parent/Legal Guardian*

Date

Parent/Legal Guardian Name (please print): _____

Signature of Parent/Legal Guardian*

Date

Parent/Legal Guardian Name (please print): _____