

WAIVER/CONSENT FORM:

Parent Name:	Student Name:
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All FMFC participants must read and sign each of the following statements:

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and as legal parent/guardian, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports including but not limited to fencing, special events & activities including parent participant activities and any and all other programs offered by Fargo-Moorhead Fencing Club. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Fargo-Moorhead Fencing Club programs and activities and I ACCEPT ALL RISKS associated with that participation.

In the event of an emergency, I would like my above-mentioned child(ren) to be taken to a hospital for medical treatment and I hold Fargo-Moorhead Fencing Club and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Fargo-Moorhead Fencing Club.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.

CONSENT TO MEDIA:

By your attendance in class or events at Fargo-Moorhead Fencing Club, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT:

Name	Relationship	Phone	Email Address	Address

Thank you for your participation in this FMFC course.