

SUNCOAST FENCING CLUB

RELEASE AND INFORMED CONSENT FORM

I desire to participate in the SUNCOAST FENCING CLUB (hereby referred to as "the Club") at the Classical Academy of Sarasota facility, 8000 Bee Ridge Road, Sarasota, Florida. In consideration of being permitted to participate in such sport club activities, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I fully recognize and understand that there are risks and hazards, minor and serious, associated with participation in sport club events, ranging from scrapes, bruises, lacerations, broken bones to concussions, spinal cord injuries, paralysis and, even, death. These injuries may result from crashing with other participants, being hit by equipment, or environmental conditions.
2. I understand that protective equipment, including but not limited to, mask, glove, jacket and chest protector are required for the safety and protection of participants, and I agree to wear such equipment when participating in such activities. However, I understand that wearing such equipment will not eliminate the risks of participation.
3. I understand that the rules and regulations of the national entity or governing body that apply to fencing in the USA and any additional rules or regulations pertaining to the Club are designed, in part, for the safety and protection of participants and I agree to abide by those rules and regulations.
4. I understand that sports require a minimum level of fitness for safe participation. I also understand that participants in sport club activities are advised to have a physical examination to determine their fitness for participation and to carry personal health and accident insurance. I further understand that the Club does not provide medical, health or other insurance for participants in sport club activities.
5. In the event of a medical emergency, I hereby give my consent to emergency transportation and medical treatment arising out of or related to participation in the activity.
6. Knowing the dangers, hazards and risks associated with sport club activities, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in the Event, including related travel.
7. To the fullest extent permitted by law, I hereby release and forever discharge, and agree to indemnify and hold harmless the State of Florida, the Classical Academy of Sarasota, the Club, and their departments, officers, agents, employees, and volunteers (Released Parties) from and against any and all liabilities, claims, demands, causes of action, costs and expenses, (including attorneys' fees and related litigation costs) incurred by any of the Released Parties arising out of or relating to my participation in or involvement with the activity, or use of equipment and facilities, including travel thereto and therefrom, whether due to the negligence, default or other action or inaction of any person or entity, including the Released Parties.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Print Name

Birth Date

Signature of Participant

Date

Signature of Parent/Guardian if Participant is under 18 years old

Date