



1 JEWEL DRIVE, WILMINGTON, MA 01887 TEL: 210-663-1182

## WAIVER AND CONSENT FORM

**\*\*\*REQUIRED FOR ALL PARTICIPANTS\*\*\***

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

### WAIVER OF LIABILITY

I UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN ANY SPORT CARRIES A RISK OF SERIOUS INJURY. I KNOWINGLY ACCEPT AND ASSUME THIS RISK AND RELEASE PENTA FENCING CLUB, ITS SPONSORS, INSTRUCTORS AND OFFICERS OF ANY LIABILITY.

SIGNATURE

DATE

A PARENT OR GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18

### CONSENT FOR MEDICAL TREATMENT

I GIVE MY CONSENT FOR THE STAFF AND COACHES OF PENTA FENCING CLUB TO OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR ANY INJURY OR ILLNESS THAT MAY ARISE DURING ACTIVITIES ASSOCIATED WITH PENTA FENCING CLUB.

SIGNATURE

DATE

A PARENT OR GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18

### CONSENT FOR PHOTOGRAPHY

I GIVE MY CONSENT FOR THE STAFF AND COACHES OF PENTA FENCING CLUB AND/ OR THEIR DESIGNEES TO TAKE PHOTOGRAPHS, VIDEO OR AUDIO RECORDINGS OF THE ABOVE PARTICIPANT TO USE FOR THE PURPOSE OF PROMOTING PENTA FENCING CLUB ON THE PENTA FENCING CLUB WEBSITE AND/OR OTHER PROMOTIONAL MATERIALS.

SIGNATURE

DATE

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### CONSENT TO ABIDE BY CLUB POLICY

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ABIDE BY THE PENTA FENCING CLUB 2007-2008 POLICY.

SIGNATURE

DATE

A PARENT OR GUARDIAN MUST SIGN FOR STUDENTS UNDER THE AGE OF 18