

Tri-Blade Fencing Academy

A Division of the New Order of Chivalric Knights



Application for Membership

Name _____

Phone Number _____ Fax Number _____

Email _____

Emergency Contact and Telephone number

Alternate Contact and Telephone number

Physician and Telephone number

Medical Insurance

Vendor _____ Policy # _____

I have read and understand or have had my parent or legal Guardian read all of this agreement and have signed or have had them sign the Waiver of Liability. I acknowledge that all sports and exercise can be strenuous and can cause injury or death and should not be undertaken without the advice of a physician. I have no knowledge of any physical condition or conditions that would render myself/ the Applicant unable to participate in fencing or any physical activity related to fencing or any of the skills taught in this class. I agree to be responsible for the safe usage, storage, and return in good condition, of any loaned fencing equipment. I agree to obtain and maintain United States Fencing Association (USFA) membership and to abide by the rules and regulations of the USFA.

I agree to wear appropriate protective equipment and clothing as well as to conduct oneself in a sportsman-like manner, and to follow class rules, and the directions of the instructors. I agree to prompt medical treatment, as necessary, in the event of an emergency, and to hold

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all Members, directors, and affiliates of Tri-Blade Fencing Academy and the New Order of Chivalric Knights, both blameless, and legally free of any responsibility for any and all negative outcomes as a result of any and all relationships with the afore mentioned organizations and Members.

Signature of Applicant _____ **Date** _____

Parent or Legal Guardians _____ **Date** _____

if applicant is under 18 years of age

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Waiver of Liability—Release by Individual from responsibility for Participation in Inherently Dangerous Activity/ Sports Activity

Release Executed/begins on _____

BY (name of Applicant) _____

Of (address, city, state, Zip) _____

Herein after referred to as “Releasor”.

In consideration of being permitted to participate in fencing, fencing warm-up exercises (including, but not limited to) stretching, calisthenics, aerobics, or other sport activities, and fencing drills, as well as , travel and competition related to the sport conducted by or in association with Tri-Blade fencing Academy, the New Order of Chivalric Knights, or any and all affiliated organizations. _____, if a minor, then _____ and _____, legal parents or Guardians, hereby release, waives, and discharges forever from this date forward, Tri-Blade Fencing Academy, the New Order of Chivalric Knights, and all and any of the affiliations of such named organizations, their officers, Members, visitors, coaches, trustees, lessees, and lessors of the premises and each of them, their officers, and employees herein referred to as releases, for any and all damages, and any claim of damages resulting therefrom, on any account of any injury to releasor’s person or property, even injury resulting in permanent disability or death of the releasor, whether caused by negligence of releases or otherwise while the releasor is exercising, fencing, practicing fencing, watching, officiating, or in any way participating in class activities, fencing, or traveling to participate in any class sanctioned event.

If the Releasor is a Minor, the parents or legal guardian of said minor, who must sign this form, expressly release, waive, and discharge the afore mentioned organizations from any and all liability, and agree to indemnify the releases and their members, coaches, members, participants, and affiliated participants, from any loss, liability, damage, and cost they may incur due to the presence of the release on or upon any venue where class sanctioned events and activities related to the afore mentioned organizations, is conducted, whether caused by the negligence of the releases or otherwise.

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Releasor or their parents or legal guardians authorize Tri-Blade Fencing Academy, the New Order of Chivalric Knights, their members, coaches, instructors, visitors, officers, and trustees, as well as any affiliated organizations or entities of them, to obtain emergency medical aid whenever and wherever it is deemed necessary and acknowledge that the costs of such medical treatment or emergency transport, regardless of cause, cost, and outcome, are the responsibility of the releasor or their guardians.

The Releasor, or their parents/legal guardians acknowledge that the afore mentioned organizations is a legal organization and as such, its members meet informally to practice the sport of fencing. As such, its members, coaches or instructors do not necessarily have credentials in coaching, officiating, or instruction in fencing or class activities, and have not necessarily been instructed in the practice of first aid or emergency first aid. It is further recognized that all club members participate and agree, that regardless of the possible consequences that may include, but are not limited to, permanent injury to, or death of the releasor, that the afore mentioned entities and organizations, are not responsible by virtue of training, and instruction, or lack thereof for these consequences.

Releasors, or their parents/guardians agree to obtain and maintain both USFA membership, and adequate medical insurance at their own cost as a condition of their participation in the sport of fencing and all class activities. The releasor or parent/guardian, agrees that this release/waivor, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state wherein the afore mentioned organizations, and entities conduct classes, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

In witness whereof; Releasor has executed this release on this day and year forward.

Locations _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Acknowledged by _____