



# DHS Wildcats Fencing Summer Camp

## **WAIVER**

### **ASSUMPTION OF RISK AND WAIVER AND RELEASE OF LIABILITY**

I understand that fencing as an athletic activity involves physical exertion and that the sport of fencing involves aggressive physical contact with other participants. I understand and appreciate that participation in the sport of fencing carries a risk of serious bodily injury or death. I knowingly and voluntarily recognize, accept, and assume this risk.

I agree to hold harmless and hereby release DHS Wildcats Fencing, its coaches, members and volunteers; and the DeKalb County Board of Education, its faculty and staff from any and all claims and liabilities of any kind in connection with participation in the DHS Wildcats Fencing Summer Camp.

This agreement shall also be binding on my personal representatives, heirs, and assigns.

This Assumption of Risk and Waiver and Release of Liability shall remain in full force and effect until such time as it is revoked in writing by the undersigned.

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Signature of Fencer

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Date

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Print Name

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Signature of Parent/Guardian

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Date

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Print Name

**MEDICAL INFORMATION**

Any allergies? \_\_\_\_Yes      \_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Any other medical condition we should be aware of: \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR EMERGENCY CARE**

I give permission for representatives of the Georgia High School Fencing League and DHS Wildcats Fencing to seek emergency medical care for \_\_\_\_\_ and to give consent for medical treatment if attempts to contact me are unsuccessful.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**INSURANCE (or provide copy of insurance card)**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_