



APPLICATION FORM

Starting date/ Trimester: _____ Location: _____

Name: _____ M F Birth Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

Club or School: _____ Coach's Name: _____

Weapon: Foil Epee Sabre Rating _____

Which training group do you think would serve you best? (Check one)

Beginner / Novice Intermediate / Advance Elite

Consent for Treatment

Further, I hereby grant permission to present student for medical care from any doctor or medical facility, at his/her cost, if reasonable determined necessary.

Medical conditions we should be aware of: _____

Med. Insurance Carrier and Policy # _____

Signature _____ Date: _____

Emergency Information

Emergency contact name: _____ Relationship: _____

Emergency phone number: _____

Waiver of Liability

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN A CLASS/CAMP CONDUCTED BY LUCCHETTI FENCING USA, LLC, I, FOR MYSELF, AND ON BEHALF OF MY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, AND NEXT OF KIN, HEREBY RELEASE, DISCHARGE, HOLD HARMLESS AND PROMISE NOT TO SUE THE UNITED STATES FENCING ASSOCIATION ("USFA"), LUCCHETTI FENCING USA, LLC ("LUC"), AND/OR ANY NATIONAL GOVERNING BODY OR OTHER SPONSORING ORGANIZATIONS, THEIR OFFICERS, DIRECTORS, ADMINISTRATORS, VOLUNTEERS, EMPLOYEES, COACHES, STAFF, AGENTS, ADVERTISERS, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE, ("RELEASES") FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASE OR OTHERWISE. I PROMISE TO CONDUCT MYSELF IN A SPORTSMANLIKE MANNER AND WILL FOLLOW THE RULES OF THE USFA REGARDING SAFETY. AND I FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, OR ANYONE ON MY BEHALF, MAKES CLAIM AGAINST ANY OF THE RELEASE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST WHICH ANY MAY INCUR AS A RESULT OF SUCH CLAIM, TO THE FULLEST EXTENT PERMITTED BY LAW.

Parental Consent

(If participant is under the age of 18)

I, the minor's parent and/or legal guardian, understand the nature of fencing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: _____