

Participation Form
Academia della Spada | Salle Saint-George

Name (please print): _____

Address: _____ Start Date: _____

_____ Birth date: _____

Email: _____ Phone Number: _____

Emergency Contact (name/relationship): _____

Emergency Phone 1: _____ Phone 2: _____

Liability Waiver and Photo Release

I, the undersigned, fully understand that participation in fencing and martial arts activities includes a risk of injury. Therefore, I hereby assume full responsibility for any and all damages, injuries, or losses to myself, my child, or my property that I may sustain or incur while participating in Academia della Spada events. I agree to hold harmless and waive my right to all claims against the promoters, instructors, sponsors, or other Academia della Spada personnel, individually or otherwise. I agree to abide by all rules set down by Academia della Spada personnel and understand that they have the discretion to terminate my participation at any time. I also consent that any pictures taken, video or other, of me in connection with these activities can be used for publicity, promotion, or television showing and I waive compensation in regard thereto.

I have read, accept and fully understand the above waiver and release.

Signature: _____ Date: _____

If participant is 17 or younger:

Parent/Guardian Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____