



San Diego Fencing Center
1770 S. Escondido Blvd, Suite C
Escondido, CA 92025
Phone: (760) 746-7007
www.sandiegofencing.com

San Diego Fencing Center Camp Agreement and Liability Waiver

1. Under the terms of this agreement San Diego Fencing Center, hereinafter "SDFC", contracts to provide a suitable facility for fencing.
2. I agree to comply with all the rules and regulations posted by SDFC. Furthermore, I understand that the rules and regulations are subject to change as needed to ensure fencer safety. Moreover, I understand that failure to comply with these rules may result in my being removed from, or prevented from fencing at SDFC.
3. I agree to sign-in every time I fence at SDFC.
4. I agree that Post Sport Fencing Inc., D.B.A. "SDFC", its agents, employees, or any other person will be indemnified from any loss, liability, damage, or expenses including attorney's fee, by reason of the liability imposed by law in the State of California or any other Federal, Judicial, or Legislative entity.
5. I understand that fencing is a strenuous physical activity, and I understand that I should seek proper medical advice before beginning any exercise/physical activity. I agree that all activities embarked upon at SDFC will be entirely at my own risk, and that I have sought proper medical advice before beginning this program. _____.
6. I agree to hold harmless SDFC for any property damage, injury, or death that results from not following the rules of the center. This agreement will also cover any and all willful acts I participate in that result in damage to property, injury, or death to any person in attendance in SDFC.
7. I agree to hold harmless SDFC for any property damage, injury, or death that results from not following the rules of the center. This agreement will also cover any and all willful acts I participate in that result in damage to property, injury, or death to any person in attendance at SDFC.
8. Insurance: The participant understands that SDFC does not provide accident or health insurance for its members or participants and further understands it is the participant's responsibility to provide such coverage.
9. Medical Treatment: Participants give permission to SDFC staff or volunteers to provide emergency treatment and to arrange for transportation to an emergency center for treatment.

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San Diego Fencing Center Camp Registration

_____/_____/_____
Participants DOB

*Name of Participant, PRINT

_____/_____
*Signature of Participant Date

*Name of Parent/Guardian, PRINT

_____/_____
*Signature of Parent/Guardian Date
(If Participant is less than 18 years of age)

*Health Insurance Provider

*Policy Number

US Fencing Membership Number

Address: _____

E-mail: _____
*Phone: _____
*2nd Phone: _____

*Required