



[ Please print, fill out, and bring with you to class ]

### Waiver form for *Drew Schmidt - SchmArt Fencing Workshops (2 pages)*

#### Waiver and Assumption of Risk:

I, \_\_\_\_\_, in consideration of being permitted to participate in *Drew Schmidt - SchmArt Fencing* (Drew Schmidt's fencing lessons) and to use its equipment and/or facilities, on behalf of myself, my family, my heirs, and my assigns, **I hereby release *Drew Schmidt - SchmArt Fencing program*; and each of their respective officers, employees, and agents**, from any and all liability for injury, death, negligence, property loss or damage suffered by me as a result of my participation in the program, or my use of the facilities and its equipment, including travel to and from events or practices in *Drew Schmidt - SchmArt Fencing*, or any way associated with my participation in any and all program activities now or in the future.

I am aware that the practice of historical martial arts and fencing can be physically stressful or dangerous and in certain instances can even be harmful and result in injury or death. I am also aware that strenuous physical activity such as is involved in the *Drew Schmidt - SchmArt Fencing* workshops, classes, or combat practice sessions (collectively, the "Workshops"), may pose a health risk to certain individuals, including but not limited to those individuals who have, or have ever had the following medical conditions, or who have the following conditions in their family histories: elevated blood pressure, cardiac (heart) problems, diabetes, orthopedic problems. I am also aware that strenuous physical activity can pose health risks to people who smoke, who are overweight or obese, who are of advanced age, or who are pregnant or who have recently given birth. I understand that I should consult with my personal physician, and obtain his or her consent, before I begin or continue to participate in the Workshops. I am not relying on the *Drew Schmidt - SchmArt Fencing* or any of its agents or representatives to determine whether participation in the Workshops is medically or otherwise appropriate for me. **I understand that my participation in the Workshops is voluntary and at my own risk** and that no special supervision or monitoring, medical or otherwise, will be provided. In consideration for my being permitted to participate in the Workshops I hereby agree on behalf of myself, my heirs, successors, administrators and assigns, to release, and **I hereby release** to the extent permitted by law *Drew Schmidt - SchmArt Fencing*, its officers, directors, agents, employees, volunteers, administrators or assigns, **from any and all complaints, claims, damages, claims for attorneys' fees, or causes of action of any kind, including but not limited to any personal injury or other claims arising from or out of my participation in the Workshops**. I further agree not to sue or make any claim of any nature whatsoever in any court, agency, or other forum or proceeding against *Drew Schmidt - SchmArt Fencing* or any other individual or entity whom I have released and agreed to hold harmless in the preceding sentence.

I have read this form and understand it. I have had the opportunity to ask questions and/or consult with an attorney of my own choosing about the waiver and release contained in this form. **I am signing the form voluntarily and of my own free will.** I have sufficient information to give my informed consent to participate in the Workshops.

Sign and Print Names: \_\_\_\_\_

Participant Date \_\_\_\_\_

Parent or Guardian if under 18 \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I know, understand, and appreciate the inherent risks of participating in this program, using the facilities and/or the equipment and of participating in *Drew Schmidt - SchmArt Fencing* classes. **I know that these risks may include, but are not limited to minor scrapes, strains, and bruises, as well as significant injuries such as broken bones, eye injury or loss, deep puncture wounds, concussions, paralysis, and even death.** By execution of this agreement, I fully assume the inherent risks associated with the *Drew Schmidt - SchmArt Fencing* program and assert that I am voluntarily participating in such activities. I understand that by signing below, I have read this release of liability, fully understand it, freely and voluntarily sign the same, and I am acting for myself, my heirs, personal representatives and assigns.

Signature: \_\_\_\_\_

(your signature)

Address: \_\_\_\_\_

(street) (city/state) (zip)

#### **NOTE: IF YOU ARE LESS THAN EIGHTEEN YEARS OLD, YOUR PARENT OR LEGAL GUARDIAN ALSO MUST SIGN BELOW:**

Signature: \_\_\_\_\_

(Parent/Legal guardian of Club Member signature)

Address: \_\_\_\_\_

(street) (city/state) (zip)

Date: \_\_\_\_\_

#### Student information

Name & Age	Date of birth	Male/Female	*

\*Medical conditions or health concerns we should be aware of (asthma, ADD/ADHD, etc.):

\_\_\_\_\_



**Contact information**

**This information is solely for when we need to contact you. We do not disclose any personal information to third parties.**

Parent/guardian (if student is under 18): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone(s): Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency contact (if different from above)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**Participation Agreement**

I understand that violation of *Drew Schmidt - SchmArt Fencing* and guidelines may result in not being able to participate in some or all class activities. I further understand that *Drew Schmidt - SchmArt Fencing* reserves the right to remove a participant from a class if necessary.

Student signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_

**Waiver and Consent for Medical Treatment**

Intending to be legally bound, I hereby release for myself, my heirs, executors, and administrators, any and all rights and claims for damages against *Drew Schmidt - SchmArt Fencing*, its instructors and assistants, *Drew Schmidt*, and/or their officers, employees, agents, and representatives for any and all injuries or loss or damages incurred as a result of participation in the *Drew Schmidt - SchmArt Fencing* program. I understand that *Drew Schmidt - SchmArt Fencing* is not responsible for personal property lost, damaged or stolen while participants are using any premises. I understand that it is my responsibility to provide health coverage while participating in all *Drew Schmidt - SchmArt Fencing* activities. I authorize *Drew Schmidt - SchmArt Fencing* to give medical treatment or obtain treatment from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with *Drew Schmidt - SchmArt Fencing* when my family or I cannot be contacted within a reasonable time.

If student is under 18, I give permission for my minor child or ward to participate in the *SchmArt Fencing* program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of above-named parent or guardian if student is under 18)

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_