

EDMONTON FENCING CLUB

9937 – 60 Avenue, Edmonton, AB T6E 0C7 780-434-3000

edmontonfencingclub@yahoo.ca edmontonfencing.com

Data (mana/ala	(h = = = a)						
Date (mm/dd/yyyy)				Circt Noves			
Fencer's Last Name:				Fencer's First Name:			
Address:			City:	<u> </u>			
Home Phone:				Cell/Work Phone:			
Email:				(mm/dd/yyy	y): Age	Male or Female	
(If registrant is under 18, must be parent/guardian's)			1's)			(circle)	
Class Registering For:							
Note: The Car purchased on	id Aug. 1 to nadian Fencing line. Purchase	July 31) g Federation now here: http://fenci	requires all proviring.ca/purchase-a-	ncial associatio			
Membership Type Entitles member				to: national competitions sanctioned by the AFA and CFF.			
Competitive (\$65)				·			
				events at the EFC and/or tournaments not included in ches, referees and supporters of the AFA.			
Please circle if you have ever been diagnosed or are currently taking medication for: Asthma Respiratory Disorder Heart Disease High Blood Pressure Hemophilia Blood Disorders Diabetic ADHD, ADD Are you able to volunteer a shift at a Casino (EFC's major fundraising event)? Yes No I hereby give consent to the Edmonton Fencing Club to send me information about its services via electronic means. I am aware that I can unsubscribe at any time. Yes No *********WAIVER TO BE SIGNED ON REVERSE OF THIS FORM************************************							
Term	Class Code	Date paid	Amount	Chq # / Cash	Receipt #	Comments	
		Vhite Copy –EFC	Yellow Copy –]Passport # Eı	ntered	-C. Signature	

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AND INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY

TO: EDMONTON FENCING CLUB (1982) (REFERRED TO AS THE "CLUB")

I am aware that participating in fencing classes, tra and other physical challenges that will expose me participants, equipment (including, without limitation various types of protective gear, training equipment,	or my child to many risks, dangers and hazan, various weapons such as foils, and other	ards including but not limited to physical contact edged or pointed weapons or simulated edged	with other			
I AM ALSO AWARE OF THE RISKS, DANGERS ASSUME ALL SUCH RISKS, DANGERS AND HAZ AND LOSS RESULTING THEREFROM TO EITHE THE PART OF THE OPERATOR OF THE CLUB OOR MY CHILD FROM THE RISKS, DANGERS AND	ZARDS AND THE POSSIBILITY OF PERSOI R MYSELF OR MY CHILD INCLUDING TH OR ITS INSTRUCTORS AND ASSISTANTS A	NAL INJURY, DEATH, PROPERTY DAMAGE LIOSE RESULTING FROM NEGLIGENCE ON AND THEIR FAILURE TO SAFEGUARD OR PRO	TECT ME			
	so consent and agree to follow the rules and regulations set out by the Edmonton Fencing Club at all times while at Club premises or while resenting the Club or participating in Club events or activities at other locations whether in Alberta or elsewhere. I agree to follow the rules of					
the Alberta Fencing Association and Canadian Fencing Association as they apply to me. I acknowledge that if I am not familiar with the rules are regulations of the Edmonton Fencing Club, the Alberta Fencing Association or the Canadian Fencing Association, it is my responsibility to be with them and these rules and regulations will be made available to me upon my request.						
RELEASE OF LIABILITY, WAIVER OF CLAIMS AN	ID INDEMNITY AGREEMENT					
In consideration of the Club accepting my applica workshops or any other activities offered by or involocations throughout the City of Edmonton and elsew	olving the Club, and permitting me or my ch	ild to participate in fencing events with the Club				
1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Club, and its operators, directors, officers, employees, agents, representatives, instructors, assistant instructors, guest instructors or guest assistant instructors, successors, and assigns (all of whom are hereinafter collectively referred to as the "Releasees"), and TO RELEASE THE RELEASEES from any and and all liability for any loss, damage, expenses, or injury including death that I or my child may suffer, or that my next of kin may suffer resulting from either my or my child's participation in fencing classes, events of otherwise involving the Club DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF						
ANY STATUTORY OR OTHER DUTY OF CARE (PART OF THE RELEASEES TO SAFEGUARD OF FENCING;	ON THE PART OF THE RELEASEES, AND	ALSO INCLUDING THE FAILURE ON THE				
2. TO HOLD HARMLESS AND INDEMNIFY THE R third party, resulting from my or my child's participati		lamage to property of or personal injury to any				
3. I hereby consent to the use of photographs and vused in a publication, print ad, direct-mail piece, digithe Club, the photographer, their offices, employees connection with such use.	ital imagery, electronic media (e.g. video, CD-	-ROM, Internet/WWW), or other form of promotion	. I reléase			
3. This Agreement shall be effective and binding uncapacity; $ \\$	upon my heirs, next of kin, executors, admir	nistrators and representatives, in the event of my	death or			
4. This Agreement and any rights, duties and obliga with the laws of the Province of Alberta and no other		nt shall be governed by and interpreted solely in a	ccordance			
5. Any litigation involving the parties to this Agreem the Courts of the Province of Alberta.	nent shall be brought solely within the Province	ce of Alberta and shall be within the exclusive juri	sdiction of			
6. In entering into this Agreement, I am not relying u fencing and related Club activities other than what is	pon any oral or written representations or states set forth in this Agreement.	rements made by the Releasees with respect to the	e safety of			
I CERTIFY THAT I HAVE READ AND UNDERSTA WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MAY HAVE AGAINST THE RELEASEES.						
BY SIGNING THIS AGREEMENT AS PARENT OR LEGAL AUTHORITY OF A PARENT OR GUARDIAI		GE OF 18 YEARS, I AM CERTIFYING THAT I H	AVE THE			
Signed at the City of Edmonton, Province of Alberta	on, 20					
Authorized EFC signature	Signature of applicant:	Signature of parent or guardian (if applicant is under 18 yrs.)				
PLEASE PRINT NAME CLEARLY:	PLEASE PRINT NAME CLEARLY:	PLEASE PRINT NAME CLEARLY:				