

KNIGHT OF SWORDS

8007 Vine Crest Ave. Suite 1
Louisville, Kentucky
502-429-9243

REGISTRATION

NAME _____

ADDRESS _____

_____ ZIP _____

PHONE _____ E-MAIL _____

DOB _____ SCHOOL _____

MEDICAL CONDITIONS _____

PARENTS' NAME(S) _____

EMERGENCY PHONE _____

CUSTOM PLANS &
EQUIPMENT AVAILABLE

PLEASE COMPLETE OTHER SIDE

KNIGHT OF SWORDS

LEGAL RELEASE

The undersigned, or his or her legal parent or guardian, voluntarily and willingly elects to participate in fencing and related sports activities ("fencing") and acknowledges that there is always an inherent physical risk associated with those activities.

The undersigned, or his or her legal parent or guardian, represents that her/she is in good physical condition, and has no physical or mental health problem that will adversely affect the undersigned's participation in fencing or the undersigned's health if he or she fences, and specifically represents that the undersigned does not suffer from any cardiovascular, neurological or any other illness or problem that will adversely affect the undersigned's participation in fencing or the undersigned's health if he or she fences.

The undersigned, or his or her legal parent or guardian, voluntarily assumes all risks of property and bodily loss, damage, or injury, including death, that may be sustained by the undersigned while fencing and any related activity. Further, the undersigned, in consideration of being permitted to participate in these activities releases the Knight of Swords Fencing Studio and its owners, the United States Fencing Association, the owners of any facility in which such activity may be carried on, and their respective officers, directors, trustees, agents, servants, volunteers, and employees from any and all claims and counter or cross claims of any kind or nature, including without limitation, claims of negligence, arising out of or in any way connected with the participation of the undersigned in fencing or any related activity.

This release shall be binding upon the heirs, assigns, successors, executors and administrators of the undersigned.

The undersigned certifies and agrees that he or she has read and understands this release and signs this release voluntarily.

The undersigned agrees to be bound by the Knight of Swords safety rules, a copy of which the undersigned has received.

Signed _____ Parent or Guardian _____

Medical Insurance Information

Medical Insurance Carrier _____ Policy # _____

Address _____ Phone# _____

Policy Holder _____ Group or Other#s _____

Release for Medical Treatment

This certifies that the undersigned gives consent to the Knight of Swords and its representatives to obtain medical care from any licensed physician, hospital, clinic or EMS Unit for _____

for any injury or illness that may arise during activities associated with Knight of Swords.

Signed _____ Parent or Guardian _____

date

date

KNIGHTOFSWORDS@INSIGHTBB.COM