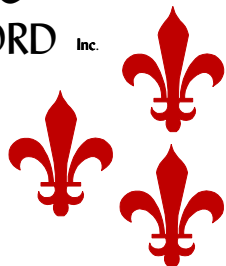


LOUISVILLE  
METRO  
FENCING  
CONCORD Inc.



# KNIGHT OF SWORDS FENCING STUDIO REGISTRATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_  
MEDICAL CONDITIONS \_\_\_\_\_  
PARENTS' NAME(S) \_\_\_\_\_  
EMERGENCY PHONE \_\_\_\_\_

### Sports Waiver

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

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 Louisville Metro Fencing Concord and Knight of Swords Fencing Studio and their 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 LMFC and 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 LMFC Inc. and Knight of Swords and its representatives to obtain medical care from any licensed physician, hospital, clinic or EMS Unit for:

(Fencers name) \_\_\_\_\_

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

Signed \_\_\_\_\_ / / \_\_\_\_\_ Parent or Guardian \_\_\_\_\_ / / \_\_\_\_\_

8007 Vinecrest Avenue Suite #1  
Louisville, Kentucky 40222  
502-429-9243