

Five Rings Fencing Club Membership

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone(_____)_____-_____

Email: _____

DOB: _____ USFA Member? _____ Rating:F_E_S

Term of Membership: _____

Waiver: In consideration of participation, I hereby release and discharge the Five Rings Fencing Club, its coaching staff, facilities owners, and fellow club members from any and all liability arising from accident, injury, or illness suffered as a result of participation in this activity. I understand and appreciate that participation in any sport carries a risk to me of serious injury, including paralysis or death.

Signature: _____

Date: _____

Parent or Guardian(if
minor): _____