LEGACY FENCING CLUB

WAIVER OF LIABILITY & ASSUMPTION OF RISK FORM

PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING THIS FORM, YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE LEGACY FENCING CLUB, ITS INSTRUCTORS, AGENTS, AND AFFILIATES. THIS FORM MUST BE COMPLETED IN FULL PRIOR TO PARTICIPATION.

EXPRESS ASSUMPTION OF INHERENT RISKS

A. General Athletic Risks: I acknowledge and fully understand that participation in sports and athletic activities carries inherent risks of physical injury, illness, permanent disability, or death. These risks include, but are not limited to: muscle strains, joint sprains, bone fractures, physical exhaustion, heat-related illness, cardiac events, and accidental collisions with other participants, equipment, or facility structures.

B. Specific Risks of Fencing: I specifically recognize and acknowledge that the sport of fencing involves unique and inherent risks. Fencing involves high-speed footwork, rapid directional changes, and combat tactics using metallic blades. Specific risks inherent to fencing include, but are not limited to:

- Punctures, lacerations, bruises, or welts caused by impacts or unexpected breakage of weapon blades.
- Penetration of protective gear in the rare event of equipment failure or severe impact.
- Entanglement, trips, or falls on metallic grounding strips, electrical scoring wires, or flooring.
- Repetitive motion injuries, tendonitis, or acute sprains affecting joints (knees, ankles, wrists, shoulders, and back).
- Eye injuries or facial impacts arising from improper wearing or temporary removal of protective masks.

I acknowledge that while Legacy Fencing Club enforces strict safety protocols and mandatory protective gear standards, these risks cannot be completely eliminated without altering the fundamental nature of the sport. I agree to adhere strictly to all safety rules established by Legacy Fencing Club and USA Fencing.

WAIVER AND RELEASE OF LIABILITY

In consideration for being permitted to participate in classes, training, open bouting, competitions, camps, or other activities hosted or organized by Legacy Fencing Club, I, for myself, my heirs, executors, administrators, and assigns, hereby knowingly and voluntarily release, waive, discharge, and covenant not to sue Legacy Fencing Club, its owners, directors, officers, coaches, instructors, employees, agents, volunteers, and facility owners (collectively referred to as 'Releasees') from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury (including death) that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Releasees or otherwise, while participating in such activity or while in, on, or upon the premises where the activity is being conducted.

MEDICAL AUTHORIZATION & EQUIPMENT COMPLIANCE

Medical Treatment: I certify that I (or my child) am physically fit and have no medical condition that would prevent full participation in fencing activities. In the event of a medical emergency, I authorize Legacy Fencing Club staff to secure necessary emergency medical treatment, including transportation and hospitalization, if I am unable to give consent. I agree to be financially responsible for all medical expenses incurred.

Equipment Integrity: I agree to inspect all personal protective equipment (mask, jacket, knickers, plastron, glove, chest protector, blades) prior to each use to ensure proper fit, integrity, and safety compliance.

Signature of Participant (or Parent/Guardian if under 18): **Date:**

X _____ _____

Printed Name of Signatory: **Relationship (if Minor):**

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