



Olympian Fencing Studio

CONSENT FORM

CONSENT FOR FENCING INSTRUCTION

I fully understand that the sport of fencing and the training therefore involve inherent risks. I understand that Olympian Fencing Studio LLC will instruct me in basic safety rules related to fencing, and I will be solely responsible for following such safety rules at all times. Further, I understand that even though I may follow precaution instruction, fencing and in all sports activities involves significant risk of injury and I may be injured. I accept the risk of injury and hereby release Galya Pundyk, ("OFS"), and its coaches, and fencers from all claims I may have against them relating to my activities at OFS. Further, I agree to be legally responsible for all injuries to other people and all damages caused by my failure to follow the safety precautions as well as other reasonable instructions prior to all activities.

I acknowledge that the sport of fencing involves physical exertion and I represent that I am of sound physical fitness and am able to withstand all exertion involved. I will consult my physician if I have any concerns regarding the physical exertion involved. I shall inform Galya Pundyk and OFS of all pre-existing conditions and recently developed medical symptoms.

I further understand there is no implied or stated guarantee of success or effectiveness of a specific fencing lesson or series of fencing lessons. I understand that my success will depend upon many factors, including my level of skill and effort and other factors beyond my, Galya Pundyk's and OFS's control.

For Parents/Guardians: I represent that I am the parent or guardian of the child(ren) named below. I agree to the foregoing on my behalf of said child(ren) and I have full authority to do so. I will be responsible for assuring that the children are aware of and observe the studio rules at all times and I will be liable for all damage or injury caused by said children to the property of OFS and other fencers.

(Parents or legal guardian of under 18-year-old)

Signature: _____ Date: _____

Print Name: _____

Last 4 digits of Driver's Licenses #: _____

Medical Insurance Carrier: _____ Policy ID #: _____

If signing as a parent or guardian, please print the names of your children below:

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

All members below 16 years old must be dropped off and picked up by parent(s), legal guardian(s), or authorized care-taker.