

NIFC Waiver of Liability

Participant Name: (print) _____

This waiver of liability/permission form must be signed by the participant prior to the start of any classes, practice sessions, programs, competitions or club activities with the Northwest Indiana Fencing Club (NIFC) or held on the premises of the Great Lakes Orthopedics & Sports Medicine. If the participant is a minor (under 18 years of age), the form must be filled out by the parent or guardian of the participant. No student, participant, or club member will be allowed to participate with this completed form.

Upon entering events sponsored by the NIFC or taking place at Great Lakes Orthopedics & Sports Medicine, I agree to abide by the rules of the NIFC. I understand and appreciate that the participation in a sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk and release the NIFC, its coaches, its members, and its sponsors (including, but not limited to: Great Lakes Orthopedics & Sports Medicine) from any and all liability stemming from my fencing and related activities.

Participant Signature: _____ Date: _____

If the participant is a minor, please fill out the following:

Parent Guardian Name: (print): _____

Parent Guardian Signature: _____ Date: _____