

**Rain City Fencing Center  
Fencer Information and Waiver**

**Student information**

Name	Date of birth	Male/Female	

Medical conditions or health concerns we should be aware of (asthma, ADD/ADHD, etc.):

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**Contact information**

\* This information is solely for when we need to contact you. We do not disclose any personal information to third parties.

Parent/guardian (if student is under 18): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone(s): Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Check here to receive schedule updates and tournament announcements via email

**Emergency contact (if different from above)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**Participation Agreement**

I understand that violation of Rain City Fencing Center rules and guidelines may result in not being able to participate in some or all class activities. I further understand that Rain City Fencing Center reserves the right to remove a participant from a class if necessary.

Student signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_

**Waiver and Consent for Medical Treatment**

Intending to be legally bound, I hereby release for myself, my heirs, executors, and administrators, any and all rights and claims for damages against Scherma LLC, *Rain City Fencing Center*, its instructors and assistants, Stephen Colton, Garik Balayan, Gregory A. Jones, Barbara Todd Heiner, and/or their officers, employees, agents, and representatives for any and all injuries or loss or damages incurred as a result of participation in the *Rain City Fencing Center* fencing program. I understand that Rain City Fencing Center is not responsible for personal property lost, damaged or stolen while participants are using RCFC facility or are on RCFC premises. I understand that it is my responsibility to provide health coverage while participating in all RCFC activities. I authorize RCFC to give medical treatment or obtain treatment from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with Rain City Fencing Center Fencing Camps when my family or I cannot be contacted within a reasonable time. If student is under 18, I give permission for my minor child or ward to participate in the *Rain City Fencing Center* program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of above-named parent or guardian if student is under 18)

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_