

IOWA CITY FENCING CENTER, LC  
ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT



**Fencer's Name** (please print): \_\_\_\_\_

**Assumption of Risk:** I understand and appreciate that participation in the sport of fencing carries risk of serious injury, including permanent disabling injuries and death. I acknowledge that I have been reasonably advised and/or otherwise know, understand, and appreciate the inherent risks of participation in Iowa City Fencing Center, LC's fencing and athletic activities and of using its facilities and/or equipment. I understand that I may contract Covid-19 or other illnesses from visiting the Iowa City Fencing Center, LC. By executing this document, **I knowingly accept and assume** these risks and assert that I am voluntarily participating in such activities despite knowing of such risks.

**Release of Claims:** In consideration of my participation in the classes and activities of Iowa City Fencing Center, LC, and use of its facilities and equipment, on behalf of myself, my heirs, personal representatives and assigns, **I hereby release** Iowa City Fencing Center, LC along with its owners, employees, instructors, coaches, volunteers, and agents, from any liability for any injury, loss of life, negligence, property loss or damage, or other loss or damage occurring as a result of my participation in Iowa City Fencing Center, LC's classes, events, demonstrations, competitions, or other activities, or as a result of the facilities or equipment that may have been provided to me for those activities.

**I willingly agree** to comply with stated and customary terms and conditions for participation in this sport. If I observe any unusual or unnecessary hazard during my presence or participation at any Iowa City Fencing Center, LC activity, I will immediately bring such to the attention of the nearest Iowa City Fencing Center, LC representative or other person in charge.

**Consent for Medical Treatment:** I further give my consent to Iowa City Fencing Center, LC and its representatives to provide first aid or obtain medical care, treatment, or emergency medical services from any licensed physician, hospital, or clinic for the above-named athlete for any injury or illness that may arise during activities associated with fencing classes and activities of Iowa City Fencing Center, LC. I affirm that the above-named athlete is in good physical condition and that I am not aware of any disease, injury or condition that would result in injury by participation in fencing and associated training activities.

**I represent and understand, by signing below, that I have read this document, fully understand it, and freely and voluntarily sign the same, and that I am acting for myself, my heirs, personal representatives, and assigns.**

Fencer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**FOR FENCERS LESS THAN EIGHTEEN YEARS OLD, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN BELOW:**

As a parent/guardian, I have explained to this fencer the aforementioned conditions and their ramifications. I consent to the fencer's participation in the activities of the Iowa City Fencing Center, LC and agree to and join in the terms and conditions of the assumption, release, agreement and consent set forth above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

**USE OF IMAGES AND NAME IDENTIFICATION:**

I authorize the Iowa City Fencing Center, LC, to use images of me and/or my child both with and/or without identification for Iowa City Fencing Center, LC publicity, promotional and advertising purposes and release any and all claims and/or rights I and/or my child might have as a result.

Signature of Fencer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(for fencers under age 18)