Salem Classical Fencing

http://salem.classicalfencing.us

a non-profit tax-exempt 501(c)(3) corporation promoting the Western martial art of fencing

354 Belmont Street NE (at Liberty Street in north downtown) · Salem OR 97301 · Federal Tax ID: 20-0530064

MEMBERSHIP FORM

Name (please print) _____ Year of Birth _____

Address _____

E-mail _____

Daytime Phone _____ Evening Phone _____

Emergency Contact & Phone _____

WAIVER AND RELEASE OF LIABILITY

In consideration of my being allowed to participate in the activities of Salem Classical Fencing ("SCF"), I:

1. Certify that I am in good health and that there is no physical or emotional reason prohibiting my participation in the art and sport of fencing;
2. Understand that SCF is non-profit corporation established for the public benefit and operated by volunteers to promote classical fencing in the Salem area;
3. Understand that SCF is a non-profit corporation without members, which is run by a board of directors, and that neither this application nor any fees or dues confer any voting rights whatsoever;
4. Agree to treat all volunteers and officials of SCF with appropriate courtesy and respect;
5. Realize that any violations of proper conduct may result in my participation privileges being revoked without refund of fees;
6. Understand that the success of SCF is based entirely upon the efforts of volunteers;
7. Will try to provide an enjoyable, educational, healthy, and athletic experience for all participants;
8. Give consent to SCF and its representatives to obtain medical care from any licensed physician, hospital, or clinic for me for any injury or illness that may arise during activities associated with SCF;

I agree that I will abide by the direction and instruction of the instructors of SCF. I recognize the possibility of physical injury associated with fencing. In consideration for SCF accepting me as a participant in its various programs, I hereby release, discharge, hold harmless, and/or indemnify SCF, its officers, directors, instructors, and volunteers, as well as the owners of the facilities and equipment utilized for the activities of SCF, against any claim by me or on my behalf as a result of my participation in the activities of SCF.

I have read the above waiver and release; I understand the contents; and I sign it voluntarily.

X_____ Date: _____

Signature of participant, regardless of age

Participant's name (printed) _____

X_____ Date: _____

Signature of parent/legal guardian (if participant is under 18 years of age)

Parent/legal guardian's name (printed) _____

revised 5/13/2004