

Pioneer Valley Fencing Academy

Liability Waiver

This waiver of liability must be signed or membership in the Pioneer Valley Fencing Academy will not be allowed.

Printed Name of Fencer

I understand and appreciate that 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 risk and release the USA Fencing, their sponsors, event organizers and officials, as well as the owners, advisers, volunteers, members, employees, and coaches of the Pioneer Valley Fencing Academy from any liability. I accept that any medical costs incurred due to injury sustained while fencing or other activities at Pioneer Valley Fencing Academy are my own responsibility.

Signature and Date

Parent or Guardian Signature and Date for Fencers under age 18

I understand that although some accidents may not be preventable, that my risk of injury or death can be reduced by wearing the appropriate safety equipment and by following the rules of the sport. I therefore will wear the proper safety equipment (including but not limited to: mask, glove, jacket, fencing pants and underarm protector) and that I shall regularly inspect the equipment for damage and that I shall use only equipment that passes these regular safety inspections.

Signature and Date

Parent or Guardian Signature and Date for Fencers under age 18