



www.swordplayla.com

~Competition Fencing~Stage and Film Combat~
~School Enrichment Programs~
~Parties and Events~Summer Camps~

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

First Name: _____ Last Name: _____

Birth Date: ___/___/_____ Sex: M or F

Mailing Address:

City: _____ State: _____ Zip: _____

Home Phone: (____)____ - _____ Work/Cell Phone: (____)____ - _____

E-Mail (ALL CAPS PLEASE):
_____ @ _____

Do you have any conditions that may affect you when engaged in strenuous physical work? Yes or No

If yes, please summarize:

How did you hear about SwordPlay?

**If you ever change your information, please contact us.*

(continued on back...)

FULL RELEASE OF ALL CLAIMS

SWORDPLAY FENCING INC. students must understand that some or all of the activities of this school involve certain risks. SWORDPLAY FENCING INC. does not assume any responsibility for injury, damage or death to any student, guests of students, or contractor of events, parties, schools etc. both in and for competition fencing and theatrical combat in the studio, parking area or on location. Also, for any damage to property, or for the time and expense incurred, we require to sign this agreement.

I, (print student's name) _____, in consideration of my participation as a student of SWORDPLAY FENCING INC. and all of its events, intending to be legally bound for myself, my heirs, executor and administrators do hereby fully and finally waive, release, and hold harmless SWORDPLAY FENCING INC. and any and all of its instructors, respective directors, officers, representatives, agents and assignees from any and all responsibility, liability, claims, causes of action, injuries, judgments of any personal injuries I might suffer, directly or indirectly resulting from my participation in, or travel to and from the aforesaid activity. I acknowledge that I am engaging in aforesaid activity, and knowingly executing this release at my insistence and request, and that I voluntarily do so without any coercion whatsoever.

Print Name: _____

Signature: _____ Date: _____

OR

Parent or guardian signature if student is under 18 years of age

Print Parent's Name: _____

Signature: _____ Date: _____