NORTH TEXAS DIVISION COMPETITOR WAIVER AND CONSENT FOR MEDICAL TREATMENT

Tournament Organizer:		
Tournament Name:		Date
Fencer's Name:		
Check one:		
I am an a	adult, 18 years or older, and agree to	

I am the Parent or Legal Guardian of the named minor (under 18 year of age) and agree to direct my child to ---

Cooperate and to conform with directions and instructions of the Tournament Organizers, activity cosponsors, and/or their representatives in charge of the tournament, with the rules and regulations of the facilities and the USFA, and all directions given by tournament officials and organizers, activity cosponsors, and/or their representatives.

WAIVER OF LIABILITY: I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this tournament, I agree to abide by the current rules and safety regulations of the USFA, Tournament Organizers and Facilities Owners. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of the Tournament Organizers or Bout Committee, and the decision may not be appealed. I enter this activity at my own risk and release the Tournament Organizers and Facilities, their Board of Directors, sponsors, and organizers from any liability. I understand that reasonable measures will be taken to safeguard the health and safety of the group.

I have read and understand the forgoing statements and agree to assume the responsibility stated and waive all claims.

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Signature of Fencer	Date	Signature of	Parent or Guardian	Date
	CONSENT FOR M	MEDICAL TREATMENT	r.	
from any licensed physicia In the event of sickness or responsible. In case of sic	is date I give my consent to the Tour n, hospital or clinic for the above na r accidents, I will not hold the tour kness or accident, I authorize the to pay for those medical services t	med athlete for any injury or il rnament organizer, facility ad calling of a medical doctor an	Iness that may arise duri Iministration or group Ind/or providing of othe	ng this activity. sponsor
Signature of Fencer	Date	Signature of	Parent or Guardian	Date
	INSURANC	CE INFORMATION		
Primary Insurance information		Secondary Insurance information		
Name of Carrier		Name of Carrier		
Name of Policy Holder		Name of Policy Holder		
Address of Carrier		Address of Carrier		
Policy Number		Policy Number		