

**Participant Agreement of Release and Waiver of Liability  
For Fencing Classes, Workshops and Tournaments**

I \_\_\_\_\_, hereby agree to the following:

1. I am a participant in the Fencing Classes, Workshops or Tournaments offered/hosted by The Big Sky Fencing Association during which, I may receive information and/or instruction about Fencing. I recognize that Fencing requires physical exertion that may be strenuous and could cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician regarding my fitness for participation in Fencing Classes, Workshops or Tournaments prior to my participation therein. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the Fencing Classes, Workshops or Tournaments.
3. In consideration of being permitted to participate in the Fencing Classes, Workshops or Tournaments, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation.
4. In further consideration of being permitted to participate in Fencing Classes, Workshops or Tournaments, I knowingly, voluntarily and expressly waive any claim I may have against The Big Sky Fencing Association, it's coaches and/or officers and/or sponsors for any injury or damages that I may sustain as a result of my participation in Fencing Classes, Workshops or Tournaments.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue or hold responsible The Big Sky Fencing Association, it's coaches, officers or sponsors for any injury, damage or death caused by negligence or other acts.

By signing below, I acknowledge that I have read, fully understand and agree to abide by the conditions for participation set forth in this document.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

WITNESSED BY \_\_\_\_\_ SIGNED \_\_\_\_\_

If Participant is under 18 years of age:

AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN DATE \_\_\_\_\_

# **Big Sky Fencing Association**

## **Basic Fencing Class** **Student Information**

Name Last: \_\_\_\_\_ First: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Class Type (indicate one of the following)

Adult (12 or older) \_\_\_\_\_

Child (9 to 12) \_\_\_\_\_

Fee: **\$65.00**

Please make checks payable to:

**Big Sky Fencing Association**

Send this form along with your check and completed liability agreement to:

**Big Sky Fencing Association**  
**7641 Charolais St.**  
**Billings, MT 59106**