

Canadian Fencing Academy Inc.

ADULT'S CONSENT TO PARTICIPATE AND RELEASE FORM

I the undersigned, do hereby state that I wish to participate in training and fencing activities within the organization known as "Canadian Fencing Academy Inc." (hereafter "The Academy").

The Academy has rules which govern and may restrict the activities in which I can participate. The Academy makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the Academy.

I understand that all activities are **VOLUNTARY** and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating voluntarily accept and assume the risk of injury to myself or damage to my property. I understand that the Academy does **NOT** provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own healthcare needs, and for the protection of my property.

In exchange for allowing me to participate in these Academy activities and events, I agree to release from liability, agree to indemnify, and hold harmless the Academy, and any Academy agent, officer or Academy employee acting within the scope of their duties, for any injury to my person or damage to my property.

This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf. I have read the statements in this document. I agree with its terms and I have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the Academy, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name _____
(print)

Full Address _____

Telephone# _____

Legal Name _____
(signature)

Date _____

OFA Fee Paid Y / N (Office Use Only)

Email _____