

Waiver

Code of Conduct & Policies

I acknowledge that I have read and understand the *Cutting Edge Fencing* Code of Conduct & Policies, and agree to be bound by them and any other rules of *Cutting Edge Fencing* or the **RMC Fencing Program**.

Assumption of Risk

I understand that any athletic activity involves physical exertion and risk of injury, and that the sport of fencing may involve aggressive physical contact with other participants. I assume the risk of any injury or other medical condition arising as the result of my participation in any athletic activity in which I engage at *Cutting Edge Fencing*. I understand that it is my responsibility to wear appropriate clothing to all class, clinic, tournament and open fencing sessions. I understand I am responsible for my own safety and for comporting myself in a safe manner at all times.

Liability Release

I agree to indemnify and hold harmless, and hereby release *Cutting Edge Fencing*, its officers and directors, instructors, coaches, members, guests and other participants, and the *Royal Military College of Canada*, from all claims, liability, demands, or actions of any kind in connection with my participation in any class, training session, clinic, competition, or other activity that I may attend at *Cutting Edge Fencing*, or any other athletic or training activities sponsored by *Cutting Edge Fencing* or the *Royal Military College of Canada* on or off of its premises. This includes, but is not limited to, claims, liability, demands, or actions for personal injury or property, damage or loss.

Participant's Signature

Date

Parent/Guardian's Signature

(if Participant is under 18 years of age)

Date

Volunteer Sign-up

For athletes and parents

Marketing	<input type="checkbox"/>	Canteen	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Coaching	<input type="checkbox"/>
Special Events	<input type="checkbox"/>	Billeting	<input type="checkbox"/>
Armoury	<input type="checkbox"/>	Driver/chaperone	<input type="checkbox"/>
Set-up/take-down at Competitions	<input type="checkbox"/>	Travel Coordination	<input type="checkbox"/>
Competition Management	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>
Officiating	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

For New Members

How did you hear about us?

Newspaper (Specify which newspaper) _____	<input type="checkbox"/>
TV/Radio (Specify station) _____	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Friend/Family	<input type="checkbox"/>
Summer Camp (Specify which camp) _____	<input type="checkbox"/>
Fall Leisure Showcase (Portsmouth Harbour)	<input type="checkbox"/>
Other: (Please provide details) _____	<input type="checkbox"/>

CLUB USE ONLY:

Payment Plan: In Full Monthly Other Installment
Payment method: Cheque Cash