



Team Touché Waiver

ALL PARTICIPANTS MUST READ AND SIGN EACH OF THE FOLLOWING STATEMENTS (For athletes under the age of 18, a parent or guardian must also sign)

Fencer's Name: _____ DOB: _____

Parent/Guardian's Name (if under 18) _____

Address: _____

City: _____ State: _____ Zip Code _____

Cell Phone: _____ Work Phone: _____

Email: _____

Waiver of Liability: Upon enrolling in classes taught by the Team Touché Fencing Center (TTFC), I agree to abide by the current rules of the TTFC and the United States Fencing Association (USFA). I understand and recognize that fencing is a vigorous contact sport and I voluntarily and knowingly recognize, accept, and assume risk, and release TTFC, its owners, managers, members, officers, employees, partners, sponsors, volunteers, agents, advisors, and insurers from any and all liability from all claims, actions, suits, or other proceedings resulting in personal injury or property damage I may suffer or sustain, regardless of fault, arising from or in connection with, my participation in an activity whether approved or not. I understand TTFC does not provide accident/health insurance and further understands it is the participant's responsibility to provide such coverage. I give permission to TTFC staff or volunteers to provide emergency treatment and arrange for transportation to an emergency center for treatment.

Discipline Policy: Our Discipline policy for misbehavior is 2 warnings, then privileges are taken away. If the problem continues, is ongoing, or becomes severe as to prevent others from a comfortable and safe environment, expulsion from the club may be required. No refunds available.

Photographic Release: I hereby grant TTFC permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing control by TTFC in perpetuity, and for other use by TTFC. I will make no monetary or other claim against TTFC for the use of the interview and or the photograph(s)/video.

Name: _____ Date: _____

Signatures: _____

Relation to subject (if subject is a minor): _____

Alcohol, Drugs, Weapons, Bullying and Cursing, and Misconduct Policy

To protect everyone's health, safety and well being, and to ensure everyone is treated fairly, the Team Touché Fencing Center (TTFC) has a Policy about alcohol, drug and substance misuse, bullying and cursing, and weapons.

No alcohol, drugs, or weapons allowed on site, save for prescribed medicines.

Alcohol – if a fencer is suspected of being under the influence of alcohol, or concealing alcohol on site a personal search and disciplinary action may result. Alcohol found will be confiscated.

Drug / substance abuse – if a fencer is suspected of being under the influence of drugs or an intoxicating substance or possessing such on site, TTFC can carry out a test or perform a search, and the fencer may be dismissed.

Weapon misuse – if a fencer is suspected of carrying a weapon or having a weapon on site, TTFC can carry out a personal search and if a weapon is found the fencer may be suspended and subject to disciplinary action. Weapons found will be confiscated.

Bullying and Cursing - If a fencer displays an act of bullying (verbal, physical, personal and/or emotional) s/he will be subject to disciplinary actions by TTFC including suspension and expulsion if such actions persist. TTFC is a family friendly environment – no cursing or foul language of any kind will be tolerated.

If TTFC believes the fencer poses a threat or danger to staff or other students, s/he will face appropriate disciplinary actions as seen fit by Coach Tedd and the TTFC staff.

If you suspect someone of having alcohol, drugs, or weapons please inform a coach or member of the staff and please do not touch drug or substance misuse equipment.

In any of the above cases, TTFC may contact the police and parent/guardian if appropriate.

As the participant or guardian of a participant under 18 years of age, I have read, understood, and accept the terms and conditions of this Policy.

Name of Student: _____

Signature of Student: _____

Signature of Guardian (if under 18): _____ **Date:** _____