Davis Fencing Academy

2121 Second Street, Suite A-104 Davis, CA 95616 (530) 758-7087

Member Signature

1) I declare that I am in good physical health, and/or have consulted a physician about possible health risks involved in fencing.

2) I understand that fencing is a high speed, contact sport that can cause severe injury, crippling paralysis, or death. I accept the risks involved and will not hold DFA, any of its members, employees, volunteers and/or coaches responsible for injuries incurred on the premises and while participating in any DFA related activity. I understand that DFA is not responsible for injuries due to the negligence of any of the above.

3) I understand that anyone not wearing proper fencing equipment (mask, glove, jacket, gym or fencing shoes) will be asked to forfeit their class.

4) I understand that any carpool arrangements made with members or employees of DFA are personal and not professional in nature.

5) I agree to pay Davis Fencing Academy membership due by the 5th of the month. DFA reserves the right to discontinue service if member is unwilling to follow on site safety regulations and/or disrupts facility services.

6) I will maintain a USA Fencing Membership in good standing. Membership requires renewal on August 1st.

Last Name (Fencer's)	First Name (Fence	er's) Toda	v's Date

Signature_____

By filling in this field you are officially signing this document.

Parent or Guardian (if member is 18 years or younger)

Last Name_____ First Name_____ Today's Date_____

Signature_____

By filling in this field you are officially signing this document.