

VETERAN CLINIC WAIVER

ALL CLINIC PARTICIPANTS MUST SIGN THIS RELEASE, WAIVER AND INDEMNITY

PARTICIPATION FEE: \$25 cash (includes HST)

IN CONSIDERATION of my participation in the sport and art of fencing at the clinic Location, I, for myself, my heirs, executors, administrators, successors, assigns, and anyone entitled to claims, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the location, Ontario Veterans Committee of the Ontario Fencing Association and the organizers of the Veterans Clinic OF AND FROM ALL claims, demands, losses, damages, costs, expenses, suits, actions, cause of action, or other proceedings, whether in law or equity, in respect of death, injury, loss or damage to my person or property, HOWSOEVER CAUSED, arising or to arise by reason of my participation in the sport of fencing, whether as spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the activity AND NOTWITHSTANDING that the same may have been contributed to or occasioned by the negligence of any of the aforesaid, I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said activity of fencing.

** Liability waiver - Upon entering this tournament you agree to abide by the current rules of the OFA. You acknowledge you are entering this tournament at your own risk and release the OFA and the organizers and its sponsors, and referees from any liability. With entry you give consent to the organizers to obtain medical care from any licensed physician, hospital or clinic for any injury or illness that may arise during activities associated with this tournament. **

** Photography waiver - I agree that photos or videos taken during the clinic may be displayed on veteranfencing.ca or fencingontario.ca to help promote veterans fencing **

BY SIGNING THIS DOCUMENT I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above RELEASE, WAIVER AND INDEMNITY. I WARRANT that I am physically fit to participate in the activity. I am solely responsible for any personal liability insurance.

PARTICIPANT: (Print Name) **EVENT:** _____

LOCATION: _____ **DATE:** _____

Signature

Print Name