

Whitman College Italian Foil Symposium
Official Registration Form
April 2nd-3rd 2005

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Alternate Phone: _____

E-Mail: _____

Organization (optional): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Payment Information:

The price for this event will be \$55.00 if your registration is received before March 1st, or \$70.00 after March 1st. Checks should be made out to ASWC.

Completed form and waiver should be sent to: Whitman Fencing
c/o Andrew Telesca
345 Boyer Ave.
Walla Walla, WA 99362

For directions, hotel information, etc. please visit the college's web site at:
<http://www.whitman.edu/content/about/visit/>

Legal Info:

By signing below, the participant agrees to abide by all rules as published, posted, or stated by Whitman College, Whitman Fencing, its officers, or the instructors (hereafter 'officials') affiliated with the Whitman College Italian Foil Symposium (hereafter 'the symposium'). The participant in the symposium agrees to participate in training classes, exercises, and drills and may engage in free sparring according to those rules and to accept the decisions of officials. Failure to abide by these rules or to conduct oneself in a manner respectful to the officials, other participants, or those otherwise affiliated with the symposium will result in expulsion from the symposium with or without a refund.

- All weapons and clothing are subject to the approval of any workshop official.
- Safe conduct requires participants guard each other's welfare at all times. Unsafe conduct will not be tolerated.
- Permissible conduct during any tournament or free sparring is to be clearly defined by the participants before engagement.

- Questions or requests for clarification may be addressed to Andrew Telesca (telescaj@whitman.edu) or call 509-503-7872

Instructions: Initial all lines and sign at the bottom.

I HEREBY:

- _____ 1) Understand that I have the right and duty to inspect all materials, weapons, facilities and/or equipment to be used and if I believe that anything is unsafe or beyond my capability I will immediately advise an official of such condition(s) and refuse to participate.
- _____ 2) Declare that I am physically capable of participating in all activities of the symposium hosted by Whitman Fencing. If I am aware of any physical or mental limitations which may make participation unsafe or am under treatment for any physical or psychiatric infirmity, ailment, illness or condition, I have informed my medical provider and a representative of Whitman Fencing of my participation, and my medical provider has approved my participation to me personally.
- _____ 3) Agree to accept and abide by all rules of Whitman Fencing personnel and their designated officials at all times.
- _____ 4) Acknowledge and understand that I will be voluntarily engaging in activities which involve contact and the risk of serious injury, permanent disability, or death, and may cause severe social or economic losses due to not only my own actions, inaction or negligence, but also to the action, inaction or negligence of others or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable by myself and/or by the owners/operators of Whitman Fencing and/or Whitman college at this time.
- _____ 5) Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- _____ 6) Release from, waive and discharge from any and all claim, demand, damage, action or causes of action of every kind and nature whatsoever that I, my assignees, heirs, distributees, guardians and legal representatives now have or hereafter have for damage or losses due to injury, including but not limited to permanent disability and/or death, and/or damage to property, cause, however caused, arising out of, attributable to or in any way connected to or occasioned by, in whole or partially, the negligence, carelessness, or other actions or inaction of Whitman Fencing its agents, owners, officers, officials, directors, servants, instructors, sponsors, employees, supervisors, and instructors, and the owners, lessors, and lessees of the premises as a result of my participation in any Whitman Fencing

activities. I hereby agree and covenant not to make a claim against, sue, or attach the property of Whitman Fencing or of any affiliated organizations or aforementioned parties.

- _____ 7) Parent(s) or legal guardian(s) of minor participants (age 17 and below) additionally agree to instruct the minor participant of the aforementioned warning, waivers, conditions and their ramifications, and hereby consent to the minor's participation in Whitman Fencing activities.

I HAVE CAREFULLY READ AND CONSIDERED THE ABOVE WAIVER AND RELEASE OF LIABILITY AND COMPLETELY AND FULLY UNDERSTAND EACH SECTION. I FURTHER UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THE ABOVE DOCUMENT AND I DO SO FREELY AND VOLUNTARILY AND WITH FULL KNOWLEDGE OF THE CONSEQUENCES> I AGREE TO PARTICIPATE IN THE ACTIVITIES OF WHITMAN FENCING BEING AWARE OF THE RISKS AND CONDITIONS INVLOVED AND DO SO OF MY OWN FREE WILL.

Participant: _____ Date: _____

Signature: _____

Parent/Guardian: _____ Date: _____

Signature: _____