



DHS Wildcats Fencing, Inc.  
 5035 Vermack Road  
 Dunwoody, GA 30338  
 Tax-ID 82-5207492

## DHS WILDCATS FENCING RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

We, the undersigned, do hereby give consent for the below mentioned student to participate in any and all activities governed by the Dunwoody Wildcats Fencing Booster Club, Inc., its officers, coaches, or other duly authorized agents (hereafter collectively referred to as "Booster Club"). We recognize that while participating in the sport of fencing can be an extremely valuable experience for students, it can be a potentially dangerous one. While every effort is maintained by the *Booster Club* to ensure a safe practice environment, students are exposed to many potential hazards such as moving objects, physical contact, various playing surfaces, and other items that may cause property damage and bodily or personal injury. We fully understand that these risks may include, but are not limited to, sickness, broken bones, sprains, strains, contusions, concussions, injury from athletic equipment, heart attack, paralysis and death. We hereby acknowledge and assume any and all such risks.

We hereby agree to waive all liability to the *Booster Club*, for any accident, injury, illness, property damage, or other mishap that may befall upon the below named student while participating in any sponsored activities of the *Booster Club*. We further enter this covenant and agree to hold harmless and not to sue, either on our behalf or on behalf of the below named student, the *Booster Club* for damages resulting from or in any way connected to the student's participation in the *Booster Club* activities.

We hereby grant permission to the *Booster Club* to provide any emergency medical treatment deemed necessary while we are not in attendance. This treatment may include emergency transportation to the hospital, emergency medical/dental treatment and/or surgery and hospitalization. We understand that all students are required to carry sufficient health insurance, and we assume full financial responsibility for any such treatment. While every reasonable effort will be made to notify us in advance, the *Booster Club* is under no obligation to notify us prior to emergency treatment.

We hereby acknowledge and agree that this document is construed under the laws of the State of Georgia, and that if any portion is held invalid or unenforceable, the remainder shall, notwithstanding, continue in full legal force and effect.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING**

\_\_\_\_\_  
 Print Student's Name

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 1<sup>st</sup> Parent/Legal Guardian's Name

\_\_\_\_\_  
 1<sup>st</sup> Parent/Legal Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 2<sup>nd</sup> Parent/Legal Guardian's Name  
 (if no second parent/guardian, state reason)

\_\_\_\_\_  
 2<sup>nd</sup> Parent/Legal Guardian's Signature

\_\_\_\_\_  
 Date

**Emergency Contact Information (will be contacted in the order on the form):**

Name	Relationship	Phone Number	Alternate Number