

**NATIONAL FENCING FOUNDATION  
CAPITOL CLASH SUPER YOUTH CIRCUIT AND CADET FENCING TOURNAMENT  
January 31 - February 2, 2014**

**FENCER'S NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

**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):**

**WAIVER OF LIABILITY AND CERTIFICATIONS:** Upon entering this tournament under the auspices of the USFA, I agree to abide by the current rules of the USFA and all other rules instituted at the tournament. **I enter this tournament at my own risk and release the following from any and all claims and/or liability in any way related to or arising out of this tournament to the fullest extent allowed by law:** the USFA and its sponsors, tournament referees, the Bout Committee, the National Fencing Foundation of Washington DC, Gaylord National Resort and Convention Center, their respective directors, officers, employees, agents, and volunteers, and any other tournament organizers and volunteers, employees, agents, officers, directors and clubs, as well as their subsidiaries, parents, or other affiliates (if any). The undersigned further certifies that the birth date of the individual is as stated on this form and in the registration for this tournament, and that the individual is a current competitive member of the USFA for the competitive season in which the tournament takes place.

**Fencer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian for Minor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DRUG TESTING:** I understand that drug testing may be conducted for athletes who compete in this tournament and that detection of the use of banned drugs would be cause for suspension for a period of time based on the substance detected. I will lose any national points earned. By registering for this tournament, I am consenting to be subject to drug testing if selected and its penalties if declared positive for a banned substance. If selected, I am aware that failure to comply with the drug test will be cause for the same penalties as for those who are positive for a banned substance. I KNOW THAT I MAY CALL THE USADA HOTLINE, 800-233-0393, FOR QUESTIONS ABOUT MEDICATIONS AND BANNED SUBSTANCES OR PRACTICES. I realize that there are OVER-THE-COUNTER medications that may contain banned substances and that it is my responsibility to insure that I do not inadvertently take any medication that contains a banned substance.

**Fencer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian for Minor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT:**

This is to certify that on this date I, \_\_\_\_\_ give my consent to the USFA, the National Fencing Foundation, and their respective representatives (including without limitation any tournament personnel) to obtain medical care from any physician, hospital, EMS personnel, or clinic for the above named athlete for any injury or illness that may arise during the activities associated with this tournament.

**Fencer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian for Minor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If said athlete is covered by any insurance company, please complete the following (please print legibly):

**Name of Carrier Name of Policy Holder :** \_\_\_\_\_

**Address of Carrier Policy Number:** \_\_\_\_\_

**NOTE REGARDING MEDIA COVERAGE AND OPT OUT OPTION:**

Photography, filming, recording, or other forms of media of the athlete taking during the tournament can be used by the host organization and the USFA. Fencers wishing to opt out and refuse media coverage must sign in the blank space below (or their parent/guardian must sign) and present this form to the Bout Committee.