UNIVERSITY OF MARYLAND SPORT CLUB PARENTAL RELEASE AND INFORMED CONSENT FORM **Fencing Club Event**

I,	(parer	nt or guardian's name), on beha	lf of my minor child,
the University of Mar to participate in this a	University of Maryland Cherryland ("the University") on	March 22-23, 2014. In consider my minor child and myself, of	child to participate in fencing rnament (the "Event"), to be held at eration of my child being permitted our heirs, personal representative(s)
Maryland Fencing Cl			anized by the University of not responsible for the Event, and it
in fencing, which incl	lude, but are not limited to: 1 d eye injuries caused by ap	nuscular strains, bruises, bro	erious, associated with participation ken bones, dislocations, and which may also include other
of loss, damage, illne		property that my child may, in	assume all responsibility and risk any way, sustain in connection with
part, for the safety an regulations. I further fencing glove is recomust provide and wear	d protection of participants a understand that protective e mmended for the safety and ar such equipment when part	and others, and I agree that my quipment including, but not lin protection of participants in fer	cing Association are designed, in child must abide by those rules and nited to, fencing jacket, mask, and noting, and I agree that my child wever, I understand that such rules cipation in fencing activities.
of my minor child, all physical examination	so understand that the Unive to determine their fitness for	rsity advises that participants in participation. I further unders	for safe participation. I, on behalf a sport club related activities have a stand that the University of the Event or other sport club related
harmless, the State of employees, students, account of any loss of fencing activities dur	Maryland, the University of and volunteers from and aga injury in any way arising of ing the Event, including the	f Maryland, Campus Recreatio inst any and all liabilities, clair ut of or relating to my child's p	and agree to indemnify and hold n Services and their officers, agents, ns, demands and causes of action on articipation in or involvement with nd facilities in connection therewith, r entity.
UNDERSTAND TH			E READ AND FULLY I SIGN IT VOLUNTARILY WITH
Signature of Parent/O is under 18 years old	duardian if Participant	Date	-
Signature of Participa	unt	Date	-