



Child's Name: _____

WAIVER OF LIABILITY AND RELEASE – MEDICAL CONSENT

I understand that this camp is for the study and practice of Medieval Chivalry and sports and as such, my son/daughter, is in good health and suffers from no impairments that would limit his/her ability to participate in the Knight's Camp. I acknowledge that medieval sports activities are strenuous, can be dangerous and could lead to minor or major permanent injuries including, but not limited to, head injuries, broken bones, sprains, internal injuries and other significant permanent bodily injuries, disabilities or death. Injuries might occur from the participant's own actions, the negligence of others, other players, the conditions of the field or equipment. As a parent/guardian, we hereby waive, release, discharge and agree to hold harmless Davenriche European Martial Arts School, it's director, employees, coaches, trainer and the city in which the camp takes place or any affiliated sponsoring body, any corporate affiliated organization or associated staff members.

My son/daughter will participate in the camp using the proper equipment. I understand that my son/daughter participated in the camp at their own risk and with my permission.

As the parent or legal guardian of the below name(d) player(s), I hereby give my consent for emergency medial care prescribed by a duly licensed and trained medical supplier. The parent/guardian of the participant will maintain insurance of the participant. This care may be given under whatever conditions are necessary to preserve life, limb or the well being of my dependent.

I will give Davenriche European Martial Arts School the rights to use any photos or videos taken during the camp. Circle One: **YES / NO**

I understand that any absence or withdrawal from the camp once the camp begins will result in no/zero refund. I also clearly understand DEMAS's weather policy.

Emergency Telephone Number: _____

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ DATE: _____

DAVENRICHE EUROPEAN
MARTIAL ARTES SCHOOL

DEMAS
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Santa Clara, CA. 95054

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(408) 776-8188 (fax)
www.swordfightingschool.com
info@swordfightingschool.com

Students Name: _____ Age: _____

Parent or Legal Guardian: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Payment may be Cash __, Check __, Credit Card __ or Electronic Funds Transfer (EFT) __

EFT or Credit Card Information:

CC# _____ Exp. Date _____ Security # _____

Name on credit card or bank account _____

Signature: _____ Date: _____