

**Camp  
Consent  
Form**

**CHEYENNE**  
FENCING SOCIETY &  
MODERN PENTATHLON CENTER  
*Of Denver*



5818 E. Colfax Ave.  
Denver, CO 80220

Parent Waiver and Consent to Medical Treatment

PLEASE COMPLETE BOTH TOP AND BOTTOM OF THIS FORM AND RETURN TO THE CFSMPC

Your child Name(s): \_\_\_\_\_

BY SIGNING BELOW I HEREBY ASSUME ALL OF THE RISKS OF MY CHILD/CHILDREN PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH CHEYENNE FENCING SOCIETY AND MODERN PENTATHLON CENTER of Denver: (CFSMPC)

This waiver covers the following

- 1- If your child /children is participating in fencing and related activities on the club premises or.
- 2-If your child/children is participating in Pentathlon which may include activities off the premises. These activities may include: swimming, running, target shooting with an air pistol, fencing, and transportation in a car to the respective destinations, demos and competitions.

I understand the nature of the above activities in which my child/children will be participating involves inherent risks and that they are expected to abide by all club regulations during the course of the activity.

I understand and agree Cheyenne Fencing and Modern Pentathlon Center of Denver (CFSMPC), and its representatives are not responsible for any injuries or illness that may occur as a result of participation in activities or competitions. I hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any nature whatsoever for injuries the student might sustain while participating in any and all activities.

I hereby give my permission for them to participate in all the activities.

I do hereby authorize and consent to medical treatment and emergency hospital care in the event of an injury if it is deemed advisable. It is understood that effort shall be made to contact the emergency contact person prior to rendering treatment to the patient, but that any of the above will not be withheld if that person cannot be reached.

I understand that while participating in this activity my child/children may be photographed or filmed and I agree that CFSMPC shall have the right to use these photographs or videos at any time and for any legitimate purpose that CFSMPC deems necessary.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I ACCEPT THIS.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION**

EMERGENCY CONTACT INFORMATION: \_\_\_\_\_

Allergies to Drugs \_\_\_\_\_

Date of last Tetanus Toxoid Booster: \_\_\_\_\_