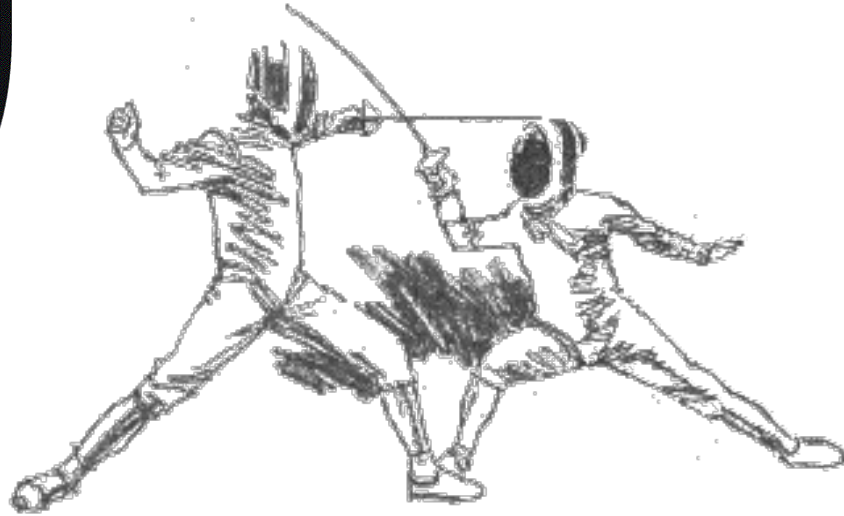




San Luis Highlanders Presents



Veteran's Mixed Foil & Epee Competition (non-sanctioned)

Saturday, November 23rd, 2019

Event:	Age Requirement	Close of Registration*:
Veterans Foil Open	Age 40 and above	2:30 PM
Veterans Epee Open	Age 40 and above	2:30 PM

Location: **First Presbyterian Church**, 981 Marsh Street, San Luis Obispo, CA, Hart Building.
Map <http://goo.gl/maps/TF6pC>. Parking available in church parking.

Cost: \$20/event. USA Fencing non-competitive membership required (please bring card or number). Membership forms available at competition.

Awards: Individual medals will be awarded to top finishers.

Bring: Under arm protectors, full-length pants or fencing knickers (with knee-high socks and non-scuffing gym shoes required). No cargo pants or shorts allowed. All events are fenced electric. Epee mask required. Electric gear available for rent.

Info: Non-Highlanders fencers must complete the attached liability waiver and bring with to the competition.

For more info, call Eric McDonald at 805-542-9802 (or 804-704-5251 day of comp.)



Participant Waiver Form

All San Luis Highlanders activities require you (or your parent or guardian if under 18) to sign this waiver of liability in order to participate in the sponsored activity.

Upon entering activities sponsored by the San Luis Highlanders fencing club, I agree to abide by the rules (as currently published) of the United States Fencing Association (for which this club is a member of) including those set forth by the organizers of the activity. I understand and appreciate that participation in a sport carries a risk to me of serious injury, including permanent disability, paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk and release the USFA, the 1st Presbyterian Church, the City of San Luis Obispo, the San Luis Highlanders fencing club, their sponsors, organizers and officials from any liability.

I authorize the entities and representatives of the entities and individuals named in the preceding sentence to consent to medical care for myself, or my participating child, in the event of injury or illness if I am not present or competent to give consent.

Participant Name (please print)

Participant Signature

Parent's or Legal Guardian Name

Parent's or Legal Guardian Signature*
(*required for participants under 18)

Date