

Alliance LARP

Headquarters Legal Release

I, the undersigned, understand that Faire Play, Inc. and the Alliance LARP have taken all precautions and reasonable steps to minimize all risks to participants but is unable to completely guarantee that no injury will come to me. Since the events are mainly conducted outdoors in wilderness areas, there is always the possibility of a slip on rough ground, a fall over obstacles in darkness, or the occurrence of some other unforeseeable accident. Further, since I may also be participating in mock battles using padded weapons, there is a risk of injury from other participants.

I understand the risks involved in participating in the events. I shall make no claim of any description against Faire Play, Inc. or members, officers, or agents of the organization or any company doing business with the organization for any loss or damages suffered in the course of participating.

I confirm that I am in good physical health and do not suffer from any physical disabilities unknown to Faire Play, Inc. I agree also to the following restrictions placed upon me:

I will not use the padded weapons approved by the organization unless I have first been instructed in their proper use through safety training;

I will not bring or consume alcoholic beverages, any illegal drug, or any drug that affects my ability to perform safely and knowingly during any event;

I will not use any skills taught by the organization for illegal purposes;

Unless I submit a written and signed request stating the opposite, I will allow the organization to photograph, film, or videotape me participating in the events and to use that film or tape in its books, flyers, and publicity materials;

I will not charge admission to any event I may hold using the rules of Alliance LARP, nor will I claim to be a subsidiary or representative of Alliance LARP;

I will at all times abide by the safety rules of Alliance LARP.

I understand that failure to abide by these agreements could result in expulsion from the Alliance LARP or in the extreme to legal action.

By my signature, I confirm that I have read this release, understand its terms, and agree to its provisions. I understand that this form affects my legal rights.

Name (Printed): _____

Name (Signed): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Birthdate (Month/Day/Year): _____ Today's Date: _____

Signature of Parent or Guardian (if under 18): _____