

# ALLIANCE LARP Legal Release

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I, the undersigned, understand that the Alliance LARP has 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 sponsored by Alliance LARP. I shall make no claim of any description against the organization, members or officers of the Alliance LARP 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 Alliance LARP. I agree also to the following restrictions placed upon me by Alliance LARP:

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

I will not bring or consume alcoholic beverages or any illegal drug during any Alliance LARP event;

I will not use any skills taught by Alliance LARP for illegal purposes;

Unless I submit a written and signed request stating the opposite, I will allow Alliance LARP to photograph, film, or videotape me participating in Alliance LARP 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 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:

BIRTH DATE (MONTH/DAY/YEAR):

SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18):

TODAYS DATE: