

## Waiver and Release of Liability

(Minors must have notarized signature of Parent/Legal Guardian)

Real Name of Participant		Date of Birth
Address		
Emergency contact: Name		Telephone #
Do you have any serious health	issues/problems you would like	e us to be aware of?
Character's Name		
Realm	Unit	
contact regarding issues that The listed adult accepts no  Name of Adult  Character Name (if applicable)	NTACT FOR MINOR: The followin at may arise between the event organi responsibility, liability or accountabi  Signature  Date of Bi	izers and the minor named above. lity for the minor named above.  irth
Realm	Unit	

**DESCRIPTION OF DAGORHIR:** Dagorhir combines fast-paced full-contact combat simulation with elements of live action role-playing. Combat in group melees or between individuals is similar to the battle scenes in movies like *Braveheart* and *Gladiator*, with the biggest difference being that Dagorhir "weapons" are well padded to prevent injuries. Dagorhir weapons are constructed to resemble Dark Age/medieval swords, shields, spears, etc. and generally consist of soft foam layers bonded to a rigid core. Combatants may also become involved in grappling/wrestling. Dagorhir rules of combat are strictly enforced by the Heralds (referees) to ensure maximum safety along with maximum playability.

As with any outdoor, intense contact sport, the possibility for injury exists. The types and likelihood of injury are similar to those in soccer, rugby and lacrosse and, as in those sports, severe injuries can occur.

WAIVER: In consideration of receiving permission from DAGORHIR BATTLE GAMES ASSOCIATION INC. (Dagorhir) to participate in any Dagorhir-sponsored activity, event, tournament, contest or meeting, the undersigned assumes full responsibility for any bodily injury and/or property damage arising out of or related to my attendance and/or participation. I fully release Dagorhir, its members, participants, observers, officials, owners and/or administrators of land upon which the event/activity is being held, and/or anyone administering emergency medical assistance from liability to myself, my assigns, heirs and next of kin for any injury to myself or damage to my property arising out of my attending/participating a Dagorhir event/activity. I hereby agree that if at any time I feel any Dagorhir activity/event to be unsafe or if I observe unsafe behavior on the part of other participants/observers, I will immediately notify the appropriate Dagorhir officials and/or refuse to participate in or observe any further activities/events. The undersigned is aware of the risks and hazards inherent in participating in any activity, event, tournament, contest or meeting of Dagorhir and elects voluntarily to participate, knowing that participation involves significant physical contact by others to his person and that such participation may entail a risk of injury.

In signing this release, the undersigned acknowledges and represents:

- (a) That he or she has read the above release, understands it, and signs voluntarily;
- (b) That he or she is over 18 years of age and of sound mind;
- (c) That, if the undersigned intends to participate in Dagorhir activities, he or she has no known physical or mental defects that
- would increase the likelihood of serious injury from such participation; (d) That, if signing on behalf of a Minor participant, the undersigned has the legal capacity to do so. Undersigned (Sign name here) Date Undersigned (Print name here) Complete this section if you are signing for a minor: Relationship to Minor Phone (if different from Minor) Address (if different from Minor) City, State, and Zip Email (if different from Minor)

FOR OFFICIAL USE ONLY:			
STATE OF			
CITY OF			
TO WIT:  I HEREBY CERTIFY that on this day of, personally appeared and made oath in due form of law that the matters and facts set forth in the foregoing Agreement are true and correct as therein stated and that said Agreement is in fact his/her act and deed and that (s)he has full understanding thereof.			
WITNESS my hand and Notarial Seal:			
	NOTARY PUBLIC		
My Commission expires:			