

TIDEWATER DOGS OF WAR AND THE HELL'S BELLES

PARTICIPANT RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

In consideration of being permitted to participate in activities, practices, training, and events organized by the **Tidewater Dogs of War and The Hell's Belles** ("TDoW"), I, the undersigned, agree to the following:

1. Acknowledgment of Risks

I understand that buhurt (armored full-contact medieval combat) is an inherently dangerous activity involving combat with weapons and physical force. I acknowledge that participation may result in **serious injury, permanent disability, paralysis, or death**, as well as property damage. Risks include, but are not limited to:

- Impact from weapons, armor, or other participants;
- Falls, collisions, and physical strain;
- Equipment failure or misuse;
- Negligence of other participants, spectators, or organizers;
- Unforeseeable hazards inherent in combat sports.

2. Assumption of Risk

I freely and voluntarily assume all risks, known and unknown, even those arising from the negligence of others, and accept full responsibility for my participation.

3. Release of Liability

I, on behalf of myself, my heirs, executors, administrators, and assigns, **release, waive, discharge, and hold harmless** TDoW, its officers, coaches, members, volunteers, event organizers, landowners, sponsors, and affiliates from any and all claims, demands, actions, or causes of action arising out of participation in TDoW activities.

This release applies to all claims, including those arising from negligence, except in cases of gross negligence or intentional misconduct.

4. Indemnification

I agree to indemnify and hold harmless the released parties from any claim, damage, liability, or expense (including attorneys' fees) that may arise out of my participation.

5. Medical Authorization

In the event of injury, I authorize TDoW, its representatives, or medical personnel to secure emergency medical treatment deemed necessary. I accept full financial responsibility for such care.

6. Fitness to Participate

I certify that I am in good physical and mental condition, have no undisclosed medical conditions that would prevent safe participation, and that I am responsible for my own readiness and safety.

7. Governing Law & Severability

This agreement shall be governed by the laws of the Commonwealth of Virginia. If any provision is found invalid, the remaining provisions shall remain in full effect.

8. Understanding of Agreement

I have read this waiver, understand its terms, and sign it freely and voluntarily. I understand that I am giving up substantial rights, including the right to sue.

Participant Name (Print): _____

Participant Signature: _____

Date: ____/____/____