

## Waiver of Liability

I, \_\_\_\_\_ (please print name), agree to the following terms and conditions in consideration of being permitted to participate in any way in Live Action Role Play. I further acknowledge, appreciate, understand, and agree to the following terms, conditions and risks:

- A. The risk of injury from the LARP is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
- B. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Jason Smith. Further, I release Jason Smith from liability below and assume full responsibility for my participation.
- C. I understand that the activities of LARP are physically and mentally intense. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention to any nearby participants and Jason Smith as soon as is practical.
- D. I understand and agree that this Release of Liability Agreement covers each and every activity of LARP.
- E. I understand the possibility of being recorded and/or photographed exists and that any such images may be posted on the internet and/or accessible by the general public.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

[Participants age 18 and over must bring a valid ID the first time for confirmation]

\_\_\_\_\_  
*Signature of Adult Participant*

\_\_\_\_\_  
*Printed Name of Adult Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Participant's Contact Phone Number*

\_\_\_\_\_  
*Printed Emergency Contact Name and Phone Number*

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### FOR PARTICIPANTS OF MINORITY AGE:

\_\_\_\_\_  
*Signature of Minor Participant*

\_\_\_\_\_  
*Printed Name of Minor Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Adult Legal Guardian*

\_\_\_\_\_  
*Printed Name of Parent or Adult Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Emergency Contact Name and Phone Number*

\_\_\_\_\_  
*Jason Smith*