

Legal Release

I, the undersigned, understand that We Are Roleplayers 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 unforeseen accident. Further, since I may also be participating in mock battles using padded weapons, there is a risk of injury from other participants. While W.A.R. is committed to safety at our events, it is not possible to control the actions of individuals.

- I understand the risks involved in participating in the events sponsored by the We Are Roleplayers. I shall make no claim of any description against the organization, its members or its officers, 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 the organization. I agree also to the following restrictions placed upon me by We Are Roleplayers.
- 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 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, for promotional purposes, to photograph, film, or videotape me participating in the event.
- I will at all times abide by the safety rules of the organization.
- I understand that failure to abide by these agreements could result in expulsion from the organization 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.

Signature of participant

Address

Printed Name of participant

City, State, Zip

Signature of guardian (if under 18)

Phone Number

Date of Birth

E-Mail Address

Today's Date