

Vandlar LARP Legal Release

I, the undersigned, understand that the Vandlar 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 the darkness, or the occurrence of some other unforeseeable accident. Further, since I may also be participating in mock battles using padded weapons, here is a risk of injury from other participants.

I understand the risks involved in participating in the events sponsored by Vandlar LARP. I shall make no claim of any description against the organization, members or officer of the Vandlar 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 Vandlar LARP. I agree also to the following restrictions upon me by Vandlar LARP:

I will not bring or consume alcoholic beverages or any illegal drug during any Vandlar LARP event.

I will not use any skills taught by Vandlar LARP for illegal purposes.

Unless I submit a written signed request stating the opposite, I will allow Vandlar LARP to photograph, film, or videotape me participating in Vandlar LARP events and to use that film or tape in its books, fliers, and publicity materials.

I will not charge admission to any event I may hold using the rules of Vandlar LARP, nor will I claim to be a subsidiary or representative of Vandlar LARP.

I will at all times abide by the safety rules of Vandlar LARP.

I understand that failure to abide by these agreements could result in expulsion from Vandlar LARP or in the extreme to legal action.

Vandlar LARP is not responsible for any lost or stolen items.

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): _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____

Birth Date (Month/Day/Year): _____

IF UNDER THE AGE OF 18:

Signature of Parent or Guardian: _____

Today's Date (Month/Day/Year): _____