

## **ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss.

The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people, including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers.

I hereby assume all of the risks arising from participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability, without fault.

I certify that that I am physically fit, have sufficiently trained for participation in the event, have not been advised otherwise by a qualified medical person, and do not suffer from any physical or mental disabilities that would otherwise inhibit my ability to play or place me in jeopardy.

Should I have any medical conditions that could affect the above statement, but have permission from my doctor to participate, I will inform the Event Staff and the site medic of my limitations and related therapies to be performed on-site, provide them with written proof of the permission from my physician, and will follow their directions to minimize risk to myself or others.

I acknowledge that failure to provide this Information, as stated above, or to cooperate with the Event Staff, as indicated, may result in my eviction from both the event and the event site, without reimbursement of my fees or dues.

I further acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind, which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

- Kaurath Campaign;
- Live Adventure Role Playing;
- Camp Cedarcrest;
- Mad Tea Party Productions, Inc.;

· Their Affiliates, owners, operators, directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, and event volunteers.

(B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns, unless I have stated otherwise in advance.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its contents.

\_\_\_\_\_  
Print Participant's Name                      Age                      Signature (If less than 18 years old, Parent or guardian must also sign below)

EMAIL: \_\_\_\_\_ Date: \_\_\_\_\_

***[Please Print Clearly]***

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and/or designated guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act by the minor Participant named above, and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Print Name of Parent / Legal Guardian                      Signature of Parent / Legal Guardian

EMAIL: \_\_\_\_\_ Date: \_\_\_\_\_