

PENNSYLVANIA ORGANIZATION OF LIVE ACTION ROLEPLAYING INC
ACCIDENT WAIVER / RELEASE OF LIABILITY AND MEDICAL INFORMATION FOR PARTICIPANTS

SECTION I – RELEASE OF MEDICAL AND LEGAL LIABILITY / ACCIDENT WAIVER

I hereby assume all of the risks of participating and/or volunteering in events and activities held, planned, and/or sponsored by the Pennsylvania Organization of Live Action Roleplaying INC. I acknowledge that these events and activities are an extreme test of a person's physical and mental limits and carry with them the potential for accident, serious injury, disability, property/personal loss, and/or death. Risks include but are not limited to those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, and actions of persons including but not limited to participants, volunteers, spectators, staff, agents, and employees of the organization and organizers of the events. These risks pertain not only to athletes and participants but also are present for all other persons attending events. I acknowledge that the Pennsylvania Organization of Live Action Roleplaying INC and those persons operating on behalf of the organization have taken reasonable precautions to mitigate the risks associated with these events, and I accept that inherent risks nevertheless exist in participating in said events and activities.

I certify that I am physically fit, have sufficiently trained for participation, and have not been advised by a qualified medical professional to refrain from these types of activities. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during events. I understand that in the event of injury, accident, and/or illness during events my personal medical insurance will be the primary form of coverage, and I will be responsible for any and all medical expenses, co-pays, etc., incurred.

I acknowledge that this Release of Legal and Medical Liability / Accident Waiver form will be used by the organizers of events in which I participate and that it will govern my actions and responsibilities at said events. Such actions and responsibilities shall include but not be limited to the following:

I will comply with all local, state, and federal laws.

I will conform to and observe the rules, regulations, and policies of the organization and those of the NERO LARP rules systems, safety guidelines, and Member Code of conduct.

I understand that I am entering into an intense roleplay environment and I will not participate in any activity that I do not feel I have adequately prepared for.

I will not bring to events blades more than 3 inches in length, firearms, explosives, other weapons, alcohol, or illegal drugs and will refrain from the use or consumption of these items during events.

Unless I submit to an officer of the organization a written and signed request stating the opposite, I will allow the organization to photograph and/or videotape me participating in events without compensation or expressed permission and to use those images and footage in any and all ways the organization deems appropriate and for as long as it deems necessary.

In consideration of my application and permission to participate in events, 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 accidents, personal injury, disability, death, property damage, property theft, or actions of any kind that may hereafter occur to me at events or during my traveling to and from events, the following entities or persons:

The Pennsylvania Organization of Live Action Roleplaying INC
The Commonwealth of Pennsylvania
The NERO LARP Organization and its affiliates

Their directors, officers, agents, staff, employees, volunteers, representatives, and organizers of the events; (B) Indemnify and hold harmless the entities or persons mentioned from any and all liabilities or claims made as a result of participation in these events, whether caused by the negligence of releases or otherwise.

I understand that if by any action, intentional or otherwise, I violate any element of this agreement, it could result in my expulsion as a member of and from events held by the organization and in extreme circumstances could be subject to legal action.

The Release of Legal and Medical Liability / Accident Waiver form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

SECTION II - MEDICAL INFORMATION

Does the participant have any medical conditions that the Pennsylvania Organization of Live Action Roleplaying INC needs to know about to ensure the participant's safety in the event medical treatment is needed? This includes allergies (including bee stings), adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, etc.

No Yes (Please Explain)

The Pennsylvania Organization of Live Action Roleplaying INC requires those who have medical conditions that require special medication (e.g., EpiPen, inhalers) to carry their special medication on his/her person at all times.

SECTION III – PARTICIPANT INFORMATION

Participant's Personal Information	Participant's Emergency Contact Information
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Date of Birth:	Relationship:
Email Address:	
I would like to receive newsletters and other updated from POLAR Legends	
Home Chapter:	

By my signature, I confirm that I have read this release, understand its terms, and agree to its provisions from the time of this signature until the last day of the 2019 calendar year. I understand that this form affects my legal rights.

Signature of Participant _____ Date _____

PENNSYLVANIA ORGANIZATION OF LIVE ACTION ROLEPLAYING INC
ACCIDENT WAIVER / RELEASE OF LIABILITY AND MEDICAL INFORMATION FOR PARTICIPANTS UNDER 18
YEARS OF AGE

My child is participating in the event with the following individual(s):

My child has permission to leave site with the below participant(s): please circle YES NO

Name / Relationship

Name / Relationship

Name / Relationship

Name / Relationship

The following individual(s) also have permission to pick up my child during or after the event:

Name / Relationship

Name / Relationship

Name / Relationship

Name / Relationship

SECTION IV - PARENT/GUARDIAN CONSENT

By my signature, I authorize that my child is between the ages of 14 and 18 years of age and has my permission to participate in the events of the Pennsylvania Organization of Live Action Roleplaying INC until the last day of the 2022 calendar year.

I understand that there are times during the course of the event where my minor child may not be directly under the supervision of an adult volunteer.

I, as the legal parent and/or guardian, do hereby confirm that I have read this release, understand its terms, and agree to its provisions, thereby indemnifying the aforementioned persons on behalf of the minor.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____