



Winterfell

Participant Info

Real Name of Participant _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

Character/Persona Name _____

Home Realm _____

Unit _____ Unit's Home Realm _____

Do you have any serious health issues or problems that you would like to tell us about? _____

Emergency Contact (We will FIRST contact 911 in an emergency. The following is who to contact to let them know we have contacted 911 for you.)

Real Name of Contact _____ Telephone _____

Relationship to Participant _____

(For participants under 15 years old, a parent or guardian **must** be present **on** the field at all times for that person to participate. That person is considered to be the emergency contact for that participant. If there is someone else who should **also** be notified in the case of an emergency, feel free to put their information here.)

Complete this section if the participant is a minor:

ADULT POINT OF CONTACT FOR MINOR: The following adult will serve as a point of contact regarding issues that may arise between the event organizers and the minor named above. The listed adult accepts no responsibility, liability or accountability for the minor named above.

Name of Adult _____

Signature _____

Date of Birth _____

Realm _____

Unit _____



WAIVER: In consideration of receiving permission from DAGORHIR BATTLE GAMES ASSOCIATION INC. (Dagorhir) to participate in any Dagorhir-sponsored activity, event, tournament, contest or meeting, the undersigned assumes full responsibility for any bodily injury and/or property damage arising out of or related to my attendance and/or participation. I fully release Dagorhir, its members, participants, observers, officers, officials, owners and/or administrators of land upon which the event/activity is being held, and/or anyone administering emergency medical assistance from liability to myself, my assigns, heirs and next of kin for any injury to myself or damage to my property arising out of my attending/participating a Dagorhir event/activity. I hereby agree that if at any time I feel any Dagorhir activity/event to be unsafe or if I observe unsafe behavior on the part of other participants/observers, I will immediately notify the appropriate Dagorhir officials and/or refuse to participate in or observe any further activities/events. The undersigned is aware of the risks and hazards inherent in participating in any activity, event, tournament, contest or meeting of Dagorhir and elects voluntarily to participate, knowing that participation involves significant physical contact by others to his person and that such participation may entail a risk of injury. In signing this release, the undersigned acknowledges and represents: (a) That he or she has read the above release, understands it, and signs voluntarily; (b) That he or she is over 18 years of age and of sound mind; (c) That, if the undersigned intends to participate in Dagorhir activities, he or she has no known physical or mental defects that would increase the likelihood of serious injury from such participation; (d) That, if signing on behalf of a Minor participant, the undersigned has the legal capacity to do so.

DESCRIPTION OF DAGORHIR: Dagorhir combines fast-paced full-contact combat simulation with elements of live action role-playing. Combat in group melees or between individuals is similar to the battle scenes in movies like *Braveheart* and *Gladiator*, with the biggest difference being that Dagorhir "weapons" are well padded to prevent injuries. Dagorhir weapons are constructed to resemble Dark Age/medieval swords, shields, spears, etc. and generally consist of soft foam layers bonded to a rigid core. Combatants may also become involved in grappling/wrestling. Dagorhir rules of combat are strictly enforced by the Heralds (Referees) to ensure maximum safety along with maximum playability.

As with any outdoor, intense contact sport, the possibility for injury exists. The types and likelihood of injury are similar to those in soccer, rugby and lacrosse and, as in those sports, severe injuries can occur.

Undersigned (sign name here) Date

Undersigned (print name here)

If signing for a minor, complete this section as well

Relationship to Minor

Phone (if different than minor)

Address (if different than minor)

City State Zip

Email (All email correspondences with minor must also be sent to consenting adult as well)

For Official Use Only

City of _____ **State of** _____

TO WIT: I HEREBY CERTIFY that on this _____ day of _____, personally appeared and made oath in due form of law that the matters and facts set forth in the foregoing Agreement are true and correct as therein stated and that said Agreement is in fact his/her act and deed and that (s)he has full understanding thereof.

WITNESS my hand and Notarial Seal:

NOTARY PUBLIC or Winterfell Regent

My Commission expires