

COS LARP 2022 DISCLAIMER & MEDICAL FORM

**P.O. BOX 2126
BUTLER, PA 16003-2126**

CONSENT TO PARTICIPATE AND MEDICAL RELEASE LIABILITY

Player's Name: _____

In Case Of Emergency, Contact: (Required)

Name: _____

D.O.B. (dd/mm/yy): - -

Relation: _____

Address: _____

Address: _____

Tel. Number: () -

Tel. #: () -

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the Circle of Swords Gaming Guild (hereafter referred to as "COS"). COS has rules which govern and may restrict the activities in which I can participate. I confirm that I am in good physical health and do not suffer from any physical disabilities that would inhibit my ability to play or place me in jeopardy. Certain health conditions, including pregnancies and other physical issues, will preclude or restrict the activities in which I can participate. COS has the sole discretion in deciding who can or cannot participate in COS activities. Without this legal release, COS will not allow me to participate in COS events.

I, the undersigned, understand that COS, and its affiliates have taken reasonable steps to minimize all risks to participants, but are unable to completely guarantee that no injury will come to me.

Since the events are conducted mainly in the 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, there is a risk of injury from other participants. I understand the risks involved in participating in the events sponsored by COS. I shall make no claim of any description against COS, its members or its officers, or any company doing business with COS for any loss or damages suffered in the course of participating.

I understand that COS does not provide any insurance coverage for my person or property. I acknowledge that I am responsible for my safety, my own health care needs, and the protection of my property. I also understand that COS makes no representations or claims as to the condition or safety of the land, structures or surroundings; regardless whether or not they are owned, leased, operated or maintained by COS.

I will not bring or consume alcoholic beverages or any other nonprescription or illegal drug during a COS sponsored event.

I will allow COS to photograph, film, or videotape me participating in events and to use that film or tape in its books, flyers, website, and publicity materials.

I certify that I have watched the COS Quest LARP video and read Chapter 1 of the rulebook to understand the essential game basics prior to playing this year.

* _____ **YES**, I have watched the COS Quest LARP video

* _____ **YES**, I have read the rulebook Chapter 1: Game Basics

I agree to release from liability, agree to indemnify, and agree to hold harmless COS (and any COS agent, officer or COS employee acting within the scope of their duties) for any injury to my person or damage to my property in exchange for permission to participate in COS activities and events.

I understand that all activities are voluntary and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating, I voluntarily accept and assume the risk of injury to myself or damage to my property.

*****PLEASE READ AND SIGN THE BACK OF THIS FORM*****

Furthermore, I hereby notify the COS that I have the following medical condition(s) of which the COS needs to be notified prior to my participation in every COS event, in order to ensure my safety, in the event of a medical emergency or medical treatment is needed?

* **NO**, I do not have a medical condition.

OR . . .

* **YES**, I have the following medical condition(s):

(Please Include: allergies, adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, or any other details.)

This health history is correct so far as I know, prior to COS granting me permission to engage in all prescribed activities. I understand that, in the event that I become aware of a new medical condition or issue, I am no longer permitted to participate in COS activities.

It is my own responsibility to notify the COS and resubmit any forms or requests for permission in COS activities. In the event that I, or the contact person listed above, cannot be reached in an emergency, I hereby give permission:

- (1) to have any Circle of Swords Gaming Guild member render first aid;
- (2) to hereby give my permission to any physician selected by a Circle of Swords adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections:
- (3) **(Player's name-Please Print):** _____.

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. This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon COS, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Printed Name of **Player** Signature of **Player** Date

(If between the ages of 14 and 18 and unable to provide proof of age, I understand that I must also provide a valid COS LARP Sponsorship Form in order to participate.

If between the ages of 12 and 13, I understand that I must remain in my Parent/Guardian's presence at all times.)

PARENT OR GUARDIAN ONLY (If Player is below the age of 18)

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Printed Name of **Parent/Guardian** Signature of **Parent/Guardian** Date

Please Circle Relationship: PARENT GUARDIAN