

RELEASE AND WAIVER OF LIABILITY

Wyvern Rising, Live Action Role-Playing Event
A Production of The Wyvern Group, Alternate Reality Specialists, Inc.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE SPORT AND ACTIVITIES ASSOCIATED WITH **WYVERN RISING**, I ACKNOWLEDGE, APPRECIATE AND AGREE WITH THE FOLLOWING:

1. I choose to participate in the events and activities associated with **Wyvern Rising** of my own will and desire. I assume full responsibility for my actions and my decision to participate. I understand that it is my choice and responsibility to refuse to take part in any activities that I deem to be unsafe or in which I do not desire to participate.
2. The activities often take place in woodland or other wilderness environments, which by their nature, can lend themselves to injuries that can include, but are not limited to the hazards of hiking, sprains, strains, fractures, snake bites, bee stings, spider bites, and other encounters with wild animals.
3. I KNOW AND UNDERSTAND THE "HOLD" RULE. (INITIALS) _____
I further understand that the "HOLD" Rule enables me, or any other participant to stop all action in the immediate area. I further agree that it is my duty and responsibility to use and obey the "HOLD" Rule to ensure my safety, and the safety of other players should they become incapacitated for any reason.
4. I will obey and comply with all rules, regulations, and instructions that are written, as well as those that are verbally communicated by the staff, or duly appointed designees, agents, and employees of THE WYVERN GROUP, ALTERNATE REALITY SPECIALISTS, INC. I also have the responsibility to ask questions to clarify any and all rules, regulations, and instructions that I do not fully understand.
5. I have disclosed, to the best of my knowledge, any and all pre-existing medical conditions from which I suffer AND that may affect me during a standard event weekend, or in the extreme case of emergency medical attention. Specifically the following:
 - A) Life-threatening allergies such as those to Bee Stings, or other insect bites.
 - B) Life-threatening allergies to certain foods, such as nuts and food coloring.
 - C) Advanced forms of diabetes that could result in unconsciousness, etc.
 - D) Extreme forms of asthma or other respiratory afflictions.
6. I WILL NOT participate in the activities of **WYVERN RISING** while under the influence of drugs or alcohol.
7. I understand that **WYVERN RISING** often involves real physical combat with "boffer" weapons. I have been instructed in the safe use of, and proper handling of these "boffer" weapons to ensure their "safe" status. These weapons are inspected periodically to ensure their safety. I will notify a staff representative **immediately** if I feel that a weapon is unsafe, or offensive in any way. I also agree to use these weapons in a safe manner, or forfeit my right to participate in any future event. (INITIALS) _____
8. I understand that these activities are, at times, very strenuous, both mentally and physically. I certify that I am in reasonable physical condition, or, if not, will take specific precautions to prevent injury to others, and myself such as avoiding combat.
9. I understand that participation in activities at or during a Wyvern Group event is entirely voluntary. I understand that it is my right and my responsibility to choose to not participate in any activity which I feel is unsafe. By choosing to participate I accept all responsibility for what may happen to me.
10. On behalf of myself, my heirs, personal representatives and assigns, I assume all risks and waive, release, and discharge forever THE WYVERN GROUP, ALTERNATE REALITY SPECIALISTS, INC., its affiliates and successors, its partners, agents, employees and officers from any and all liabilities, claims, demands, or causes of action of any nature, for any harm, loss, damage, injuries or death, due to the negligence or any other cause, which results from, or arises out of, or in any way relates to my activities of **WYVERN RISING** or the use of equipment, facilities, and apparatus that are owned, rented, or leased by, or loaned to THE WYVERN GROUP, ALTERNATE REALITY SPECIALISTS, INC.

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF RESPONSIBILITY AND FULLY UNDERSTAND ALL PROVISIONS PUT FORTH. I ACCEPT THESE RISKS AND SIGN OF MY OWN FREE WILL. THIS WAIVER SHALL BE BINDING FOR ALL ACTIVITIES IN WHICH I PARTICIPATE, FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED BELOW.

PLAYER NAME _____
(PRINTED)

PLAYER NAME _____ DATE _____
(SIGNED)

IF THE ABOVE SIGNED IS A MINOR, THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS NEEDED BELOW, AS WELL AS THE PARENT'S/GUARDIAN'S INITIALS IN ALL LOCATIONS ABOVE. ALSO, PLEASE PROVIDE YOUR EMERGENCY CONTACT INFORMATION.

PARENT/GUARDIAN SIGNATURE _____

ADDRESS OF ABOVE SIGNED _____

EMERGENCY CONTACT INFORMATION NECESSARY FOR ALL MINORS - SUGGESTED FOR ALL PLAYERS

NAME OF PERSON TO CONTACT
IN CASE OF EMERGENCY _____

RELATION TO PLAYER _____

PHONE NUMBER(S)
(INCLUDE AREA CODE) _____