

NERO® Elkins

RELEASE FORM – BRING TO EACH EVENT

SECTION 1 – ASSUMPTION OF RISK AND WAIVER

I, the undersigned, understand that NERO Elkins/Elkins Live Fantasy/Elkins Roleplaying Association (hereafter referred to as “NERO Elkins”) has taken all precautions and reasonable steps to minimize all risks to participants, but is unable to completely guarantee that no injury will come to me. Since the events are mainly conducted outdoors in wilderness areas, there is always the possibility of a slip on rough ground, a fall over obstacles in darkness, or the occurrence of some other unforeseen accident. Further, since I may also be participating in mock battles using padded weapons, there is a risk of injury from other participants. While NERO Elkins is committed to safety at our events, it is not possible to control the actions of individuals.

I understand the risks involved in participating in the events sponsored by NERO Elkins. I shall make no claim of any description against the organization, its members or its officers, or any company doing business with the organization for any loss or damages suffered in the course of participating.

I confirm that I am in good physical health and do not suffer from any physical disabilities unknown to the organization. I agree also to the following restrictions placed upon me by NERO Elkins.

I will not use the padded weapons approved by the organization unless I have first been instructed in their proper use through safety training; I will not bring or consume alcoholic beverages or illegal drugs during the event; I will not use any skills taught by the organization for illegal purposes;

Unless I submit a written and signed request stating the opposite, I will allow the organization, for promotional purposes, to photograph, film, or videotape me participating in the event; I will at all times abide by the safety rules of the organization.

I understand that failure to abide by these agreements could result in expulsion from the organization or in the extreme, to legal action.

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.

| | | |
|--|-------------|---|
| Date _____ | SIGN | Date _____ |
| Original Signature of Participant (if 18 yr. or older) | | Original Signature of Parent(s) or Legal Guardian (if under 18) |

SECTION 2 – MEDICAL INFORMATION & TREATMENT RELEASE

NERO activities, like any active sports, involve a certain risk of injury. In the unlikely event that a participant is injured, NERO Elkins would like to take appropriate actions. Please fill out this form completely and legibly. The information on this form is required for admission to any US hospital. This information will be held in strict confidence.

Does the participant have any medical conditions that NERO Elkins needs to know about to ensure the participant's safety in the event medical treatment is needed? If yes, please list. Include allergies (including bee stings), adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, any others. NERO Elkins requires those who have medical conditions that require special medication (i.e., bee sting allergy) to carry their special medication at all times.

[] No [] Yes (explain)

This health history is correct as far as I know, and the person herein has permission to engage in all prescribed activities. In the event I, or the person listed below, cannot be reached in an emergency, I hereby give permission to have 1) NERO members render first aid, and 2) any physician hospitalize, secure proper anesthesia, or order injection for the above listed participant.

| | | |
|--|-------------|---|
| Date _____ | SIGN | Date _____ |
| Original Signature of Participant (if 18 yr. or older) | | Original Signature of Parent(s) or Legal Guardian (if under 18) |

| Participant (PRINT) | | Emergency Contact (PRINT) | |
|---------------------|--|---------------------------|--|
| Name | | Name | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |
| Phone | | Phone | |
| Birth Date | | Relation | |
| Home NERO Chapter | | | |
| Email Address | | | |

Medical Insurance Information (Plan and Policy Number): _____

Family Doctor: _____ Phone: _____