

Shadow Realms L.A.R.P.

Waiver of Liability

Valid for the year 2018

Shadow Realms is an organization which combines live role playing with physical combat. Physical combat is simulated with the use of padded replicas of weapons such as swords, knives, spears, maces, bow and arrows, etc. Combat involves padded weapons striking your body, sometimes with significant force. Combat also involves maneuvering around obstacles, indoors and outdoors, over uneven terrain and through obstructions which may or may not be readily visible, such as trees, rocks, holes, etc. Combat can take place during both the day and night. Participation at Shadow Realms may involve overnight outdoor camping in the wilderness. Although Shadow Realms strives to provide a fun and safe gaming environment, the possibility for serious personal injury, possibly resulting in death, does exist.

Safety

Shadow Realms L.A.R.P. takes the safety and well-being of its players very seriously. We provide many tools and tips to our Players to protect themselves, as well as policies and rules to ensure Players feel invited and welcome to voice concerns throughout an event.

I am aware of the risks and dangers involved in the activities described above. I am also aware of the hazards and exposures connected with activities conducted in the outdoors, and the risk they may involve. I am fully capable of participating in activities conducted by Shadow Realms, and willingly assume the risk of injury as my responsibility, including injury resulting from (but not limited to): loss of control or balance while walking or climbing; weather conditions; being hit by a Shadow Realms or other player's weapons; collisions with trees, rocks, people, armour worn by people, and any other man-made or natural obstacles, whether they be readily visible or not. If I happen to sustain personal injury during game-play, I will immediately report it to a member of the Plot Team or Management. _____ (Initial)

If at any time I believe a Shadow Realms activity to be unsafe for any reason, I will request a halt to activities until such time as the unsafe condition or situation has been remedied. If the unsafe condition or situation is not remedied to my satisfaction, I reserve the right to refuse to continue participating in the Shadow Realms activity. If during the event I become aware of a situation I feel may jeopardize the safety of myself and/or another player (including but not limited to: a tree that has fallen across a path which was previously unobstructed; any wildlife which may pose a risk to other's safety (such as skunks, foxes, raccoons, bears, etc.); uncontrolled fire; discarded firearms, ammunition, fireworks, flares, knives, needles or other such items) I will report it to a member of the plot team or a General Manger immediately. _____ (Initial)

If at any time I feel personally threatened, emotionally or psychologically, I understand that I have the right to remove myself from the current activities until such time as the threatening situation has been remedied. If the threatening condition or situation is not remedied to my satisfaction, I reserve the right to refuse to continue participating in the Shadow Realms activity. If during the event I become aware of a situation I feel may jeopardize the emotional and psychological well-being of myself and/or another player (including but not limited to: harassment, Out of Game violence, vandalism, abuse, triggering scenarios, prejudice, etc.), I know that I am invited to report it to a member of the Plot Team or Management immediately. If I feel unable to do so myself, a fellow Player whom I trust is welcome to advocate on my behalf to the Plot Team or General Manager. _____ (Initial)

A member of the Plot Team or Management must inspect any and all weapons I intend to use in the game prior to participation to ensure that they are crafted to the Shadow Realms specifications for safety and durability. _____ (Initial)

I must receive training in proper combat procedures and methods from a member of the Plot Team, Management, or a player appointed by the Plot Team or Management (who has a minimum of 3 years of Live Action Role Playing experience) prior to participation in my first Shadow Realms game. _____ (Initial)

Media

During my participation in Shadow Realms events, I agree to be photographed, videotaped, or otherwise recorded. I am aware that my image, likeness or representation may be used in publications, handouts, videos, or other forms of public media promoting or advertising Shadow Realms. _____ (Initial)

Medical

I have no known physical or mental consideration which could endanger myself or others while participating in a Shadow Realms event. If I have or develop such a physical or mental consideration, I will inform Shadow Realms officials so that a decision can be made as to whether or not I may be allowed to continue participating. _____ (Initial)

If I take any medication on a regular basis that has been prescribed by a medical professional, I agree to be solely responsible for the storing and administration of such medication and will not hand out said medication to any other players. If missing a dose may result in medical complications (such as seizures, unconsciousness, etc.), I will report this information to the Shadow Realms officials prior to participating in a Shadow Realms event (please explain in the space provided at the end of this waiver). _____ (Initial)

Players are responsible for their own nutritional needs. If a player chooses to bring food with them, they are responsible for properly storing said food in airtight containers and in a place which is out of the reach of local wildlife. If I have allergies to foods (or anything else) that results in serious medical complications (such as seizures, asphyxiation, unconsciousness, death, etc.), I will report them to the Shadow Realms General Manager in the space provided at the end of this form. If I do have allergies I understand that I am responsible for bringing with me to every event everything that is needed to treat my allergic reaction (such as medication, an EpiPen, etc.), and will be solely responsible for treating myself. If I am for some reason unable to administer self-treatment, I will notify a member of the Plot Team or Management immediately, before participating in a Shadow Realms Event. _____ (Initial)

Liability

If at any time I violate Shadow Realms rules or endanger myself or another player, my participation in the game may be suspended until such time as I can meet with the General Manager to discuss my actions. Shadow Realms reserves the right to immediately remove from the site anyone who is detrimental to the game environment. If I am found to be detrimental to the game environment, I understand I will not be permitted to return to the game until such time as they demonstrate their willingness and ability to follow Shadow Realms rules. If I continue to endanger the physical safety of themselves or those around them, I understand I will be permanently removed from the game and may be subject to further legal action. I understand that if I am removed from a Shadow Realms event due to behavioral reasons, Shadow Realms does not have to return any fees paid for membership or for participation in that event. _____ (Initial)

I agree that Shadow Realms is not responsible in any way for lost, stolen or damaged property. _____ (Initial)

I agree that I am at least 16 years of age or older. If I am less than 18 years of age I must have my parent or legal guardian give consent for me to participate. _____ (Initial)

I am aware that Shadow Realms events may contain mature themes such as coarse language, horror, violence and sexuality. I am aware that scenes involving these themes are fantasy-fiction, and that I have the right to excuse myself from participation in such scenes at any time. _____ (Initial)

I have read the entirety of and understand the Official Shadow Realms Policies, including the sections on Harassment, Accessibility, Drug and Substance Abuse, and Social Media. _____ (Initial)

I have read and understand that this document is a release of legal liability. I am signing of my own free will and am not under duress to do so. If signing on behalf of a minor, I agree that I am

the parent or legal guardian of the participant and am 18 years of age or older. I have read and initialed each paragraph in this waiver to signify that I understand and agree to the contents. In the event that the participant is less than 18 years of age, both parent/legal guardian and the participant must read and initial this waiver.

Name of Participant (Please print)	Signature	Date
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Name of Legal Guardian (Please print)	Signature	Date
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Name of Witness (Please print)	Signature	Date
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CONTACT INFO

Information on this waiver is for internal Shadow Realms use only. Shadow Realms will not sell or otherwise distribute any of the information provided below to any external mass marketing group, database, mailing list, or persons.

Address

City _____ Prov. _____ Postal Code _____

Phone Number __ (_____) _____

Alternate Phone _ (_____) _____

E-mail address

Please provide two contacts in case of emergency. It is assumed that they will be aware of your situation, medical needs, pronouns, etc. unless indicated below in the additional comments section. It is assumed that you have given your permission for us to contact these people in the event that you are unconscious or otherwise unable to respond.

Name of Contact #1 _____

Phone _____

Relationship to participant _____

Name of Contact #2 _____

Phone _____

Relationship to participant _____

Please list any medical conditions, allergies, or additional comments: