

## **NERO ® Legal Release Form**

I, the undersigned, understand that the New England Roleplaying Organization (NERO), NERO SWV, and its affiliates have taken reasonable steps to minimize all risks to NERO event participants, but are unable to completely guarantee that no injury will come to me.

I understand that 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 and magical spells, there is a risk of injury from other participants.

I understand the risks involved in participating in the events sponsored by the New England Roleplaying Organization. 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 that would inhibit my ability to play or place me in jeopardy. I understand that NERO will do its utmost to understand and work with the needs of disabled individuals and that it is not mandatory for me to engage in mock 'combat' if I do not desire it by wearing a 'page' headband.

I understand that failure to abide by this agreement could result in my expulsion from the organization, as well as in extreme legal action.

Medical Consent: - I hereby give my permission in the event of injury or illness for the authorities to administer or obtain first aid. I grant permission for the notification of a doctor and the obtaining of emergency treatment when needed.

I hereby grant permission to Nero SWV to use photographs of myself on its Web site, Social Media Site and/or in other official Nero printed publications without further consideration, and I acknowledge Nero SWV's right to crop or treat the photograph at its discretion

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
If under 18, Name of Guardian (Print)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Guardian (Signature)

### **Emergency Contact Information**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Name #2 \_\_\_\_\_

Telephone #2 \_\_\_\_\_

