

Legal Release

NERO Chronicles

I, the undersigned, understand that The New England Role Playing Organization, Illinois Chapter (henceforth known as NERO Chronicles) has taken reasonable steps and precautions 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 an unintended and unforeseeable accident. Further, since I may also be participating in mock battles using padded weapons, there is the risk of injury from other participants.

I/my child understand(s) the risks involved in participating in events sponsored by NERO Chronicles. I shall make no claim of any description against this organization, its members, its officers, or any company doing business with this organization for any loss or damages suffered in the course of participating.

I affirm that I/my child am in good physical health and do not suffer from any physical disabilities unknown to the organization of NERO Chronicles. In the unlikely event of a serious emergency, I grant permission for officers of NERO Chronicles to convey either via ambulance or personal vehicle me/my child to the nearest available hospital.

I agree also to the following restrictions placed upon me by NERO Chronicles:

- * I/my child will not use the padded weapons approved by the organization unless I/my child has first been instructed in their proper use through safety training
- * I/my child will not bring or consume alcoholic beverages or any illegal drug during any NERO event, nor attend any NERO event under the influence of such.
- * I/my child will not use any skills taught by NERO for illegal purposes.

Unless I submit a written and signed request stating the opposite, I will allow NERO to

- * photograph, film, or videotape me/my child participating in NERO events and to use that film or tape in its books, flyers, and publicity materials without compensation.

- * I/my child will not charge admission to any event I/my child may hold using the rules of NERO, nor will I/my child claim to be a subsidiary or representative of NERO.

- * I/my child will at all times abide by the safety rules of NERO

I/my child understands that failure to abide by these agreements could result in expulsion from the organization, or in the extreme case, legal action. By my signature I confirm that I am 18 or over, have read this release, understand its terms, and agree to its provisions.

Printed Name: _____

Signature: _____

Signature of parent/guardian
if under 18: _____

Date: _____

Medical release, Medical History, and Emergency information

NERO Chronicles

NERO Chronicles activities, like any active sport, involve a certain risk of injury. In the unlikely event a participant is injured, NERO Chronicles would like to take the appropriate actions. Please fill out this completely and legibly. The information on this form is required for admission into any US hospital. Any information on this form will be held in the strictest confidence. Please fill out this form to the best of your knowledge and ability.

Participant Name: _____

Parent or Legal Guardian (if under 18 years of age---please include relationship to participant!): _____

Do you wish this form to be kept on file for one year from its signing? **Yes No**

Do you wish this form to be destroyed after this event (it would not be kept on file for future events in this chapter)? **Yes No**

Does the participant have any medical conditions that NERO Chronicles needs to know about to ensure the participant's safety in the event medical treatment is needed? _____

Allergies (food, drug, or environmental): _____

Asthma: Yes No

Diabetes: Yes No

Fainting Spells: Yes No

Pregnant: Yes No

Seizures (epilepsy or other convulsions): Yes No If Yes, Please Explain: _____

Any Heart problems, Bleeding disorders, or any other circulatory problems?: Yes No If Yes, Please Explain: _____

Any Religious beliefs (regarding medical care)? Yes No If Yes, Please Explain: _____

Other: _____

ALL medicines currently taking: _____

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 Chronicle's EMTs and/or staff members render first aid, and #2 any physician hospitalize, secure proper anesthesia, or order injection for _____ (participant's name).

Signature of Participant: _____

DATE: _____

Parent or Legal Guardian signature
(if participant is under 18): _____

DATE: _____

Parent/Legal Guardian Phone Number: _____

In case of emergency contact: _____

Name _____

Relationship _____

Address _____

Phone _____

Medical Insurance Information for Participant (plan or policy number): _____

Family Doctor: _____

Phone: _____

