



## Player Agreement / Waiver

I, the undersigned, state my desire to participate in Kishar events. I understand that as an active outdoor sport, participation in Kishar events entails exposure to a variety of risks. These risks include but are not limited to injury of a physical nature due to participating in simulated combat with padded weapons and projectiles, terrain-related injuries, injuries arising from weather conditions and exertion over a long period of time, and the potential to be exposed to infectious diseases and viruses. I accept that participating in Kishar events may result in injury and/or sickness. **I certify that I have accurately disclosed a certification of my full and complete vaccination against COVID-19 (including any boosters I qualify for).** I agree that staff may retain a record of this certification. Should I bring an infectious diseases or viruses to a Kishar event, and should another person become infected as a result, I agree that this is my responsibility alone. I agree to abide by all rules and regulations of Kishar regarding COVID-19 or similar conditions. **I accept that participating in Kishar events may result in extreme injury to my person. Despite this risk, I still wish to participate.**

I fully assume all risks of participation in Kishar events, and agree to hold the Organizers and Volunteers ("the staff") of Kishar to be blameless should I incur any adverse effects from such participation. I indemnify said staff against any legal or civil claims, suits, or actions, and any fees, costs, or expenses related to any adverse effects I suffer. This release is binding not only on myself, but on any party acting on my behalf under any conditions, including my heirs or estate. **I certify that I do not suffer from any health conditions that would make participation in Kishar events more likely to result in my injury, and that I am 18 years of age or older unless special permission has been obtained from my legal guardians, in which case I certify that I am at least 16 years old and have provided proper legal documentation of this permission.** I agree to abide by all rules and regulations of Kishar, especially the guides for safe combat. I agree that I will abide by any and all directions from the staff. I agree to be respectful of other players in my conduct, and to abide by their wishes regarding physical contact. Should any disputes arise, I agree to resolve them as a reasonable adult, and to wait until after the event has ended if at all possible. If needed, I will request clarification of any rule I do not understand. I agree not to participate in Kishar events under unsafe conditions. Those include being intoxicated, under the influence of illegal drugs, or while having anything on my person that could be construed as an actual weapon. I will not bring alcohol, illegal drugs, or actual weapons to Kishar events. If my health status changes in a way that affects my ability to fully participate, I will inform an Organizer. I understand that I can be asked to leave a Kishar event at any time, for any reason, by an Organizer, and that any fees I have paid or donations I have made will be nonrefundable. I understand that if I should violate this agreement or the rules, the Organizers can permanently ban me from attending any future events, and that their word on this matter will be final.

**If I have been banned or received any sanction from a LARP in the last 10 years, I will disclose that here (or indicate NONE):**

**I agree to allow myself to be photographed while participating in Kishar events.** I grant the staff of Kishar a license to use those photographs for the purposes of representing, documenting, or promoting the game, in print media or online. I understand that I can request the removal of specific photographs if I desire, and if this is possible, it will be done within 30 days of my request being received. I agree to the use of my character name in connection to these photos. Having read this entire document carefully, my signature below indicates my full and complete acceptance of these terms.

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

The following person is my emergency contact, and I agree to let staff contact them for emergencies:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_