

Attendee Number: \_\_\_\_\_

## Armageddon XXI Waiver

Have you ever been convicted of a crime that requires you to register as a sex offender? **Yes** **No**

I, the undersigned, understand and acknowledge that the program I am about to attend and participate in is being presented by Belegarth Medieval Combat Society (BMCS) at Billie Creek Historical Village's location property of the Greg Larson. The Officers and their agents of BMCS and Greg Larson and their agents shall herein be known as Hosts. **Initials:** \_\_

By signing this release form, I fully consent to such contact and physical activities that may cause me bodily harm or death. I hereby acknowledge that I fully realize that during the training, I will always have the option of withdrawing from participation in any exercise or combat and that it is my personal responsibility to decide which exercises and combats I will participate in. I hereby also represent that I am physically and emotionally fit to engage in these combat activities. I also acknowledge that the members of BMCS are under no obligation to require me to prove my degree of health and fitness. I further acknowledge that by entering into the training, that at any time during the training, I may be exposed to a risk of personal injury or death arising out of possible negligence, unavoidable accident, or otherwise due to the very nature of the combat activities. **Initials:** \_\_

I, the undersigned, understand that participation in the events and the practice sessions of BMCS includes possible strenuous physical encounters between myself and other training partners or officers that could lead to serious physical discomfort and, or permanent impairment. **Initials:** \_\_

I understand that BMCS, the officers, nor their agents warranty the fighting field to be free from debris or defects. **Initials:** \_\_

I understand that participants are permitted to take photographs and videos in public areas of the event site. I understand that my likeness could end up on the internet, and give permission for this. I also, hereby, grant consent for the use of my likeness by the BMCS to promote the BMCS and its mission as defined by the BMCS bylaws. **Initials:** \_\_

I agree to abide by the Code of Ethical Guidelines contained within the BMCS bylaws. If my conduct, actions, or statements while participating in or attending the training, or the conduct, actions, or statements of a minor with whom I am registered as the chaperone of are determined to be inappropriate, detrimental to the safety or well-being of the other participants, or in violation of the Code of Ethical Guidelines, I shall willingly comply with the request of the BMCS Officers or their agents known as Marshals/Heralds to remove myself and my effects from the site of training or combat immediately. I acknowledge that through my own actions, I may be liable for injuries to Persons and/or property. **Initials:** \_\_

I agree to abide by the Code of Conduct set forth for the event. I understand that failing to do so could result in actions such as, but not limited to, removal from the camp I am in, removal from Armageddon XIX, 1-year ban from Armageddon, a site-specific ban, or membership revocation from BMCS. **Initials:** \_\_

By signing this agreement and as part of the consideration for participating in attending the combat or training, it is my stated intention to knowingly assume all risks involved in participating in or attending these events and training and to BMCS, and their officers and agents from any responsibilities or liability for any injury, physical or emotional, that I may sustain while participating in or attending the training. I fully understand and agree that the Hosts and their agents will not be held liable for any injuries, damages, or death caused by or resulting from the negligence of the Hosts, which is caused in whole or in part by any of my acts, including negligent acts. **Initials:** \_\_

I agree for myself and my successors that the above representations are contractually binding and are not mere recitals and that should I or my successors assert my claim in contravention of this Agreement, I or my successors shall be liable for the expense (including but not limited to legal fees) incurred by the other party or parties. No officer or agent has the authority to modify this agreement orally. A waiver of any provisions of this Agreement shall not be construed as a modification of any other provision or as consent to any other subsequent waiver or modification. **Initials:** \_\_

I understand that the Hosts of Armageddon XIX are in no way responsible if I contract COVID-19 while at the event and that they have done their best to midgait any possibility of contracting COVID-19 by requiring all attendees to be vaccinated to attend. **Initials:** \_\_

I have fully read, understand and agree to everything this release form states. **Initials:** \_\_

**Personal Information**

Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Fighting name: \_\_\_\_\_  
Realm: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Camp Name: \_\_\_\_\_

Address (Street, City, State/Province, Zip/Postal Code, Country)  
\_\_\_\_\_

**Emergency Contact Information**

Please note this is the person who we would be calling AFTER we already called 911. This is the person who would be able to answer questions Emergency Responders or the ER would have that we would not be able to answer.

Name of Emergency Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**OPTIONAL: Crisis Response Contacts**

THIS IS OPTIONAL

In an effort to help maintain Armageddon XXI as a safe and welcoming space, we are asking that, if you are comfortable disclosing, you list below at least three people whom you feel safe, comfortable and secure with in case of a crisis or emotional distress and your permission to contact them if you seem to be in a crisis. Please list those whom you are comfortable listing and their contact information below.

Legal Name of Crisis Response Contact: _____ Belegarth Name (if applicable): _____ Phone Number: _____ Relationship: _____ On-Site Location(if applicable): _____	Legal Name of Crisis Response Contact: _____ Belegarth Name (if applicable): _____ Phone Number: _____ Relationship: _____ On-Site Location(if applicable): _____	Legal Name of Crisis Response Contact: _____ Belegarth Name (if applicable): _____ Phone Number: _____ Relationship: _____ On-Site Location(if applicable): _____
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**OPTIONAL: Medical Information**

This section is Optional. If you have important medical information such as, but not limited to, carrying an EpiPen, major allergies, anything that may impact your ability to take part in Armageddon XIX activities or information that a medical professional would need to know if you were unconscious and YOU ARE WILLING to share that information with us, please do so here. All waivers will be shredded after the event.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **MINOR SECTION**

The following section only applies if the applicant is **under 18 years of age**. Parent/Guardian Legal Name is required even if they are not themselves attending Armageddon XIX.

Parent/Guardian Legal Name: \_\_\_\_\_  
Parent/Guardian Belegarth Name (If Applicable): \_\_\_\_\_  
Parent/Guardian Realm (If Applicable): \_\_\_\_\_ Parent/Guardian Unit (If Applicable): \_\_\_\_\_

If the minor is not attending with their parent/legal guardian, they are **required to have a Chaperone who is 21+** years of age.

If the minor is attending with a chaperone, please provide the chaperone information here:

Chaperone Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Chaperone Belegarth Name: \_\_\_\_\_  
Chaperone Realm: \_\_\_\_\_ Chaperone Unit (If Applicable): \_\_\_\_\_

**A Notary Public Seal must be affixed to this waiver for it to be valid for a minor to attend without their parent/legal guardian.**

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Minors Signature \_\_\_\_\_

Date: \_\_\_\_\_

Chaperone Signature (If Applicable): \_\_\_\_\_

Date: \_\_\_\_\_

