

Registration Form — Falnorian Season 13 JL & AL (August 2025 - August 2026)

Physical Activity Release for Live Action Role Play (LARP) (the "Activity")

In consideration of being permitted to participate in the Activity, the undersigned, on behalf of myself and my heirs, executors, administrators and assigns, hereby:

1. Release and forever discharge the Organizer and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation and/or involvement in the Activity, and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.

2. Indemnify and save harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Activity.

3. Understands and acknowledges that the Organizer does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.

4. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

I understand that the undersigned will be held to a standard of conduct during this event. Failure to abide by safety and health rules will result in a warning or expulsion from the event. I also understand that these events may include special effects and costuming that is considered frightening to some children. I also understand that the undersigned may use and be hit by a foam weapon of some sort by other participants and/or staff during this event. I understand/have helped the undersigned to understand that I/they may decline to participate in any part of the event. I give Falnorian Games permission and consent for photos/videos to be taken of the undersigned during activities, and for these to be used for promotions in flyers, press releases, on the Falnorian Games website, and other media.

By signing up the undersigned for this event, I acknowledge and understand that the participant will be voluntarily engaging in physical activities which inherently involve contact and the risk of serious injury, permanent disability, or death, and may cause severe social or economic losses due to not only the participant's actions, inactions, or negligence, but also to the action, inactions, or negligence of others or conditions of the premises or of any equipment used. Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against Falnorian Games and/or any instructors/assistant instructors/staff for any claim that I might have arising out of the undersigned participation in any activities performed by, directed by, or endorsed by Falnorian Games or the instructors/assistant instructors. I agree to pay for any and all expenses (including but not limited to any medical expenses) that might relate to the participant's care and treatment.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING, AND AGREEING WITH THE FOREGOING.

Name of First Participant

Signature of First Participant

Name of Second Participant

Signature of Second Participant

Name of Parent/Guardian

Signature of Parent/Guardian

Telephone Number *(must be reachable during the event)* Date