

Parental Waiver, Release of Liability, Indemnification and Consent Form

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate in Lovecraft Legacies: In the Kingdom of the Blind, a Live Action Role Play event being held at Ye Olde Commons, Charlton, MA, on March 17-19, 2017.

I understand that the child will be engaging in activities that involve a certain risk of damages and injuries, including disability and death, inherent in the practice and play of live action events. These risks include, but are not limited to, those hazards associated with environment, conditions, equipment and other participants.

I agree that in consideration for the right of my child to participate in the Lovecraft Legacies: In the Kingdom of the Blind event:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury, damage, or loss incurred or suffered by my child while attending the Lovecraft Legacies: In the Kingdom of the Blind event.
2. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the event organizers, Ye Olde Commons LLC, their representatives, owners, directors, agents, employees, and other participants for any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, losses, injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.

Child (please print) _____

Parent or legal guardian (printed) _____

Contact Phone Number: _____

Signature of parent or legal guardian _____

Date signed _____