



hosted by
Dominion
Of the Unconquered Sun



Gates Waiver and Release of Liability-Minor (Under 18)

(This MUST BE signed and Notarized if you are under 18. You MUST be accompanied by Parent/Guardian at all times during the event. No parent/guardian or waiver you will NOT be getting in)

Character's Name _____

Real Name of Participant _____ Date of Birth _____

Address, City, State & Zip _____

Telephone # _____ Email _____

Emergency contact: Name _____ Telephone # _____

If you have any serious health issues/problems and would like us to be aware of them, please list

Realm _____ Unit _____

Pre-Registration Fee: \$20.00 _____ **Register at Troll Fee: \$30.00** _____

DESCRIPTION OF DAGORHIR: Dagorhir combines fast-paced full-contact combat simulation with elements of live action role-playing. Combat in group melees or between individuals is similar to the battle scenes in movies like *Braveheart* and *Gladiator*, with the biggest difference being that Dagorhir "weapons" are well padded to prevent injuries. Dagorhir weapons are constructed to resemble Dark Age/medieval swords, shields, spears, etc. and generally consist of soft foam layers bonded to a rigid core. Combatants may also become involved in grappling/wrestling. Dagorhir rules of combat are strictly enforced by the Heralds (referees) to ensure maximum safety along with maximum playability.

As with any outdoor, intense contact sport, the possibility for injury exists. The types and likelihood of injury are similar to those in soccer, rugby and lacrosse and, as in those sports, severe injuries can occur.

WAIVER: In consideration of receiving permission from DAGORHIR BATTLE GAMES ASSOCIATION INC. (Dagorhir) to participate in any Dagorhir-sponsored activity, event, tournament, contest or meeting, the undersigned assumes full responsibility for any bodily injury and/or property damage arising out of or related to my attendance and/or participation. I fully release Dagorhir, its members, participants, observers, officers, officials, owners and/or administrators of land upon which the event/activity is being held, and/or anyone administering emergency medical assistance from liability to myself, my assigns, heirs and next of kin for any injury to myself or damage to my property arising out of my attending/participating a Dagorhir event/activity. I hereby agree that if at any time I feel any Dagorhir activity/event to be unsafe or if I observe unsafe behavior on the part of other participants/observers, I will immediately notify the appropriate Dagorhir officials and/or refuse to participate in or observe any further activities/events. The undersigned is aware of the risks and hazards inherent in participating in any activity, event, tournament, contest or meeting of Dagorhir and elects voluntarily to participate, knowing that participation involves significant physical contact by others to his person and that such participation may entail a risk of injury.

GUARDIANSHIP

I do hereby give my consent for emergency medical treatment for the above named minor. I have asked

the following individual _____

(person's name & character name)

to be responsible for this minor's conduct and safety while at Gates of Summer, A Dominion of the Unconquered Sun sponsored event, on the event dates of _____.

In signing this release, the undersigned acknowledges and represents:

- (a) That he or she has read the above release, understands it, and signs voluntarily;
- (b) That he or she is over 18 years of age and of sound mind;
- (c) That, if the undersigned intends to participate in Dagorhir activities, he or she has no known physical or mental defects that would increase the likelihood of serious injury from such participation;
- (d) That, if signing on behalf of a Minor participant, the undersigned has the legal capacity to do so.

Undersigned (Sign name here)

Relationship to Minor (if applicable)

Undersigned (Print name here)

Phone (if different from Minor)

Address (if different from Minor)

E-Mail (if different from Minor)

City, State, and Zip (if different from Minor)

Date

Notary Section to be filled out:

STATE OF _____

CITY OF _____

TO WIT:

I HEREBY CERTIFY that on this _____ day of _____, personally appeared and made oath in due form of law that the matters and facts set forth in the foregoing Agreement are true and correct as therein stated and that said Agreement is in fact his/her act and deed and that (s)he has full understanding thereof.

WITNESS my hand and Notarial Seal:

NOTARY PUBLIC

My Commission expires: _____