

This health history is correct so far as I know, prior to COS granting me permission to engage in all prescribed activities. I understand that, in the event that I become aware of a new medical condition or issue, I am no longer permitted to participate in COS activities. It is my own responsibility to notify the COS and resubmit any forms or requests for permission in COS activities. In the event that I, or the contact person listed above, cannot be reached in an emergency, I hereby give permission:

- (1) to have any Circle of Swords Gaming Guild member render first aid;
- (2) to have any physician selected by a Circle of Swords adult hospitalize, secure proper anesthesia, or to order an injection for:
(Player's name-Please Print):_____.

I understand that all activities are voluntary and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating, I voluntarily accept and assume the risk of injury to myself or damage to my property.

This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with the terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon COS, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Sign. of Parent/Guardian:_____ Date: _____
(if under 18)

Signature of Player:_____ Date: _____
(if under 18 and unable to provide proof of age, I understand that I must also provide a valid COS LARP Sponsorship Form in order to participate.)