

M/D/YYYY: _____

The Adrian Empire, Inc. OFFICIAL SIGN-IN FORM

Event ID: _____

Chapter: _____

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Description: _____

Crown Approval: _____

Autocrat(s): _____

THIS IS A WAIVER OF ALL CLAIMS ARISING FROM PARTICIPATION IN EVENTS SPONSORED BY ADRIA TO THE EXTENT PERMITTED BY LAW.

In exchange for the value and benefits received, including my membership and participation in activities conducted by or on behalf of ADRIA, I have read, understand and willingly sign this release and waiver. I acknowledge that my participating in any activity conducted by, in connection with, or on behalf of ADRIA (the "Programs") is voluntary. I understand that there are risks and dangers inherent in participating in the Programs including but not limited to, injury due to sword fights and/or martial arts, property damage, death, or mental or emotional distress. I represent that I am physically capable of participation in ADRIA activities. I understand that ADRIA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety, my own health care needs, and for the protection of my property. I represent that I will observe all ADRIA rules or directions of ADRIA officials regarding equipment participation or personal safety and voluntarily accept all risks associated therewith.

In consideration for my being permitted to participate in the Programs, I freely and voluntarily release, waive, discharge, ADRIA and its officers, directors, agents and assigns (the "Released Parties") from any and all claims, liability, injuries, losses, damages, or costs of any kind or nature (known or unknown) that arise from, are caused by, or are related in any way to the Programs. In addition, I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or cost which they may incur as a direct or indirect result of my participation in the Programs, including damage or destruction of ADRIA's equipment and property. Should any disputes arise from my participation in any Program, I agree to work through the internal dispute resolution procedures of ADRIA. If these procedures do not lead to the resolution of the dispute, I agree to submit it to a board for binding arbitration and to abide by the decisions reached by such a board. The arbitration may take place wherever the parties mutually agree, but will be in Phoenix, Arizona if they do not agree otherwise, and in any case the laws of the state of Arizona will apply.

I, THE UNDERSIGNED, HEREBY AFFIRM THAT I HAVE READ, UNDERSTAND, AND WILL ABIDE BY EACH OF THE TERMS AND CONDITIONS OF THIS WAIVER AND RELEASE OF LIABILITY. I AM OF LEGAL AGE, OR HAVE OBTAINED THE SIGNATURE OF MY PARENT(S) OR LEGAL GUARDIAN(S), WHO BY HIS OR HER SIGNATURE AGREE TO BE LEGALLY RESPONSIBLE FOR THE OBLIGATIONS DESCRIBED HEREIN.

	CHAPTER	LEGAL NAME (Last, First)	SIGNATURE: Parent/Guard. if minor	PERSONA NAME (or GUEST)	Archery	Combat	A&S	Ministry	DI (X)
1					DP	DP	DP	DP	
2					DP	DP	DP	DP	
3					DP	DP	DP	DP	
4					DP	DP	DP	DP	
5					DP	DP	DP	DP	
6					DP	DP	DP	DP	
7					DP	DP	DP	DP	
8					DP	DP	DP	DP	
9					DP	DP	DP	DP	
10					DP	DP	DP	DP	
11					DP	DP	DP	DP	
12					DP	DP	DP	DP	
13					DP	DP	DP	DP	
14					DP	DP	DP	DP	