

NOCTURNE LARP, LLC
RELEASE AND WAIVER OF LIABILITY AND
CONSENT TO PARTICIPATE

I _____ (print name), do hereby state that I wish to participate in activities sponsored by the organization known as *Nocturne LARP, LLC*, a New Jersey Corporation (hereinafter referred to as "Nocturne"). I do hereby swear I am 18 years of age or older.

I acknowledge that Nocturne has rules which govern, and sometimes limit or restrict participation in, Nocturne activities (hereinafter "Activities"). I agree to follow and abide by these rules in order to participate in the Activities. I acknowledge that failure to follow these rules can result in my suspension, restriction, or expulsion from any and/or all Activities.

I recognize that Nocturne makes no representations as to the safety or condition of the property upon which Activities are held (hereinafter "Facility"), whether owned, leased, rented, managed, or maintained by Nocturne.

I hereby assume all risks and hazards incident to such Activities in which I shall participate, including transportation to and from the Activities. I acknowledge that any and all Activities sponsored by Nocturne are voluntary, and that I am not obligated to participate in any of these Activities unless it is my choice to do so. I also acknowledge that these Activities can be hazardous, and that my participation in such Activities signifies that I accept and assume responsibility for any risk of bodily injury, partial and/or total disability, paralysis to my person and damage to my property.

In exchange for being permitted to participate in these Activities, I hereby, release, absolve, indemnify, and agree to hold harmless Nocturne, its shareholders, instructors, sponsors, agents, employees, and persons supervising those Activities. I also agree to hold harmless the Facility, its personnel, and owners, from any and all damage I cause to any person, land, structure, or equipment.

I am covered by my own health/accident/personal injury insurance policy, or choose to participate in the Activities without said coverage, but acknowledge that such insurance is not provided to me by Nocturne. I agree to be responsible for my own health and health-related expenses, including but not limited to medical bills and treatment, without regard to whether or not I have insurance to cover such expenses.

I have read and understand this document, and agree to all provisions herein. I acknowledge that this document constitutes the full and complete agreement, and any promises of agreements made outside the scope of this document, whether oral or written, are not binding upon Nocturne, its shareholders, instructors, sponsors, agents, employees, or persons supervising its Activities.

Dated: _____

Signature: _____

Witness: _____

Print Name: _____