

## Organized Recreational Combat Simulation (O.R.C.S.) Wargaming Club Waiver Form

I, \_\_\_\_\_, hereby agree not to hold the O.R.C.S. Wargaming Club, its officers, and/or its members liable in the event that I sustain injuries resulting from my participation in Club activities.

I fully understand that this is a full-contact activity and knowingly take upon myself the risks in participating in Club events.

While I realized that the organization tries to ensure the safety of all members, it is I who must be responsive for my own safety, and I release O.R.C.S. from any legal obligation for my personal safety and I fully accept the responsibility for my own well being.

Players Name (Print): \_\_\_\_\_

Player Signature: \_\_\_\_\_

O.R.C.S. Officer Witness: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Players under 18 years of age must also have signed parental consent witnessed by an O.R.C.S. Officer. Proof of age will be required.

Name of Parent/Legal Guardian (Print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Birthday of Player: \_\_\_\_/\_\_\_\_/\_\_\_\_

O.R.C.S. Officer Witness: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_