

## Alliance CT - Legal Release

I, the undersigned, understand that Alliance CT, has taken all precautions and reasonable steps to minimize all risks to participants but is unable to completely guarantee that no injury will come to me. Since the events are mainly conducted outdoors in wilderness areas, there is always the possibility of a slip on rough ground, a fall over obstacles in darkness, or the occurrence of some other unforeseen accident. Further, since I may also be participating in mock combat using padded weapons, there is a risk of injury from other participants.

I understand the risks involved in participating in the events sponsored by Alliance CT. I shall make no claim of any description against the organization, members or officers of Alliance CT, or any company doing business with the organization for any loss or damages suffered in the course of participating.

I confirm that I am at least 18 years old, and in good physical health and do not suffer from any physical disabilities unknown to Alliance CT. I agree to the following restrictions placed upon me by Alliance CT:

I will not use the padded weapons approved by Alliance CT, unless I have first been instructed in their proper use and safe use.

I will not bring or consume alcoholic beverages or any illegal drugs during any Alliance CT event.

I will not use any skills taught by Alliance CT for illegal purposes.

Unless I submit a written and signed request stating the opposite, I will allow Alliance CT to photograph, film, or videotape me participating in Alliance CT events and to use that film or tape in its books, flyers, publicity materials and internet postings.

I will not charge admission to any event I may hold using the rules of Alliance CT, nor will I claim to be a subsidiary or representative of Alliance CT.

I will at all times abide by the safety rules and code of conduct of Alliance CT.

I understand that failure to abide by these agreements could result in expulsion from Alliance CT or in the extreme to legal action.

By my signature, I confirm that I have read this release, understand its terms, and agree to its provisions. I understand that this form affects my legal rights.

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_