
Fighting Name

Please Print in ALL CAPS

Last Name, First Initial

Northern Illinois University Medieval Combat Society BMCS Waiver & Release Form

In consideration of receiving permission from the Northern Illinois University Medieval Combat Society (NIU MCS) and the Belegarth Medieval Combat Society to participate in any activity, event, tournament, or contest that the NIU Medieval Combat Society sponsors or supervises, the undersigned releases the NIU MCS, Northern Illinois University, and any other designated practice location within the city of DeKalb, Illinois, the owner of any premises where any NIU MCS activity, event, tournament, or contest occurs, from any and all liability, claims, demands, actions, and causes of action, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Undersigned, or any property of the Undersigned, while participating in any activity, event, tournament, or contest that the NIU MCS sponsors or supervises.

The Undersigned being duly aware of the risks and hazards inherent upon participating in any activity, event, tournament, or contest of the NIU MCS elects voluntarily to participate, knowing that participation requires physical contact by others to the person of the undersigned and knowing that such participation may become hazardous and dangerous during the time that the Undersigned voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by the Undersigned, or any property of the undersigned while participating in any activity, event, tournament, or contest that the NIU MCS sponsors or supervises.

This release shall be binding upon the distributees, heirs, next of kin, executors and administrators of the undersigned and undersigned's minor child.

In signing the foregoing release, the Undersigned acknowledges and represents:

1. That he or she has read the above release, understands it, and signs voluntarily;
2. That he or she is over 18 years of age and of sound mind; and is the parent or legal guardian of the minor child named below;
3. Undersigned represents that he or she has no physical or mental defects known to the Undersigned and unknown to the appropriate representative of NIU MCS that would endanger or harm the undersigned while participating in any activity, event, tournament, or contest that the NIU MCS participates, sponsors, attends, or supervises.

Undersigned (Signature)

Undersigned (Print Name Clearly)

Parental Signature (If under 18 years old)

Parent's Name (Print Clearly)

Participants Birthday (MM/DD/YYYY)

Phone Number (XXX-XXX-XXXX)

Address (City, State, Zip Code)

Emergency Contact (Name, Relationship to Undersigned, Phone Number)

Any Known Allergies or Medical Conditions/Concerns

Realm (Optional if N/A)

Fighting Name (Optional if N/A)

Officer Use Only:

DATE SIGNED: ___/___/_____

VALID FOR THE 20___/20___ ACADEMIC YEAR