

# MINNESOTA LIVE ADVENTURE 2019 PARTICIPATION FORM

## PLAYER INFORMATION

Name					
Address					
City		State		ZIP	
Telephone		E-mail			
Date of Birth		Gender ( <i>circle one</i> )	MALE	FEMALE	

***All players under the age of 18 years must be accompanied parent or guardian during the game.***

Have you played the <i>MNLA</i> , <i>NYLAG</i> , or <i>OLA</i> game before?	YES	NO
Have you played any Live Action Role Playing game before? If so, please list: _____	YES	NO

## EMERGENCY INFORMATION

### ***Emergency Contact***

Name					
Address					
City		State		ZIP	
Telephone		Relationship			
Will this person be attending Minnesota Live Adventure 2019? ( <i>Circle one</i> )	YES	NO			

### ***Medical Information***

Please list any medical conditions, medications you are currently taking, or physical disabilities, including, but not limited to, allergies, asthma, diabetes, heart trouble, seizures, fainting spells, that could affect your participation in the game or treatment during an emergency.

### ***Dietary Limitations***

Please list any dietary restrictions or preferences in the space provided below. We will do our best to meet the dietary needs of all of the players.

**Minnesota Live Adventure – July 26-28, 2019  
Participation Agreement and Liability Waiver**

*I, the undersigned, certify that the information I have provided is entirely truthful. If I have intentionally failed to provide information that affects the welfare or safety of other players or property, or act with intent to cause harm, I will be liable for any injuries or damages to persons or property caused by me.*

*I understand that participation in this event poses the risk of serious bodily injury, or death, and or significant damage to personal property. I accept that the event coordinators have performed sufficient and adequate safety planning and have taken all reasonable steps to minimize the risk associated with participation in this event. I voluntarily agree to assume the risks associated with this event, including those risks attributable to the fact that this event will take place on essentially non-maintained premises.*

*By signing this form, I agree that neither the event coordinators, nor landowner, Jan David Fisher, nor authorized participants, nor the associated organizations, Ohio Live Adventure, LLC and The New York Live Adventure Game, Inc., nor any of their respective representatives, (hereinafter referred to as “Released Parties”) may be held liable or responsible in any way for any injury, death, or damages to me or my property or subsequently to my family, heirs, or assigns that may occur as a result of my participation in this event or as a result of passive or active negligence of any party, including the Released Parties.*

*I am indicating that I will abide by the rules and policies established by the event coordinators. I understand that any violation of the rules and policies is cause for my immediate removal from the game and the event property. Any refusal to leave will be considered trespassing.*

*In addition, I understand that submission of this form does not guarantee my participation in this private event. The event coordinators will notify me if my registration is denied. Participation will not be denied on the basis of race, creed, national origin, gender, sexual preference, or status of public assistance.*

Name			
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Signature		Date	
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*All players under the age of 18 years must have a parent or guardian sign below indicating approval of participation and agreement with the above disclaimer.*

Name			
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Signature		Date	
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Family Name	
First Name(s)	

Your nonrefundable financial contributions will provide food, beverage, props, sanitary facilities, and other event-related expenses.  Participation amounts are based on the player's real age in years.	Number Attending		Per Person	Total	
	2 to 10 =		×	\$20	\$____.00
	11 to 17 =		×	\$30	\$____.00
	18 and older =		×	\$60	\$____.00
	<b>Total Participants</b>			<b>Participation Total</b>	\$____.00

<b>Participation Total</b>	\$____.00
<b>Grand Total</b>	\$____.00

Please mail your check or money order payable to:

Jan David Fisher – MNLA  
 10716 100th St NW  
 Pine Island, MN 55963

**Please include** the following documents with this form:

- Player Information Participation Form
- Participation Agreement and Liability Waiver
- Character Information Participation Form (only if not already sent via email)