

AVALON LLC - RELEASE FORM 2006

I, the undersigned, wish to participate in Avalon LLC (Avalon) and Avalon / Venture Crew 1433 functions. An Avalon function is defined as any meeting, event, fundraiser, etc. where organization members are gathered together to represent Avalon. Avalon is committed to safety at all times, and has taken reasonable precautions to minimize risks and hazards at all Avalon functions. By participating in these functions, I acknowledge my understanding of the following:

I have read the Code of Conduct for Avalon players; I understand, and will abide by, Avalon's Code of Conduct as written in the most current version of the Avalon Game Book. I will, at all times, abide by the safety rules and restrictions of the organization and the grounds on which Avalon functions are held. I will not possess/consume alcoholic beverages or illegal drugs at any Avalon function.

At all Avalon functions, I will only use props approved by the organization and determined to be "Avalon-safe." Before participating in mock battles, I will attend Avalon-Safe Battle Training. I understand that I may be participating in mock battles, where there is a risk of injury from other participants, and that many Avalon functions occur in wilderness areas and at night, where there is a possibility of unforeseen accidents.

I confirm that I am in good physical health and do not have any condition that may be contagious or harmful to others. Any prescribed medication and/or health issues have been presented in writing to the organization; any injuries or changes in health status will be reported to the organization as they occur. In case of emergency, I have included participant's allergies and/or medical conditions that may be needed for treatment.

For promotional purposes, I consent to be photographed, filmed, and/or videotaped at any Avalon function, unless I submit a written and signed request stating otherwise. I understand that still and motion pictures of Avalon functions may be published with permission from Avalon.

Avalon is not liable for any breaches in agreement or any withheld information; any such breaches may result in temporary or permanent banning from all Avalon functions. I shall make no claim of any description against the organization, its members or officers, or any company doing business with Avalon, for any loss or damages suffered in the course of participating. I understand that Avalon reserves the right to refuse services.

My signature below confirms that I have read this Release Form, understand its terms, and agree to its conditions. Avalon has the right to refuse service to anyone for any reason.

ALL PARTICIPANTS Complete This Section Below:

| | | |
|---|--|------------------------------|
| Full Printed Name of Avalon Participant | <u>Phone Email</u> Circle Best Way To Contact | Date of Birth (MM / DD / YY) |
|---|--|------------------------------|

Mailing Address: Street, City, State, Zip Code

| | |
|--|---------------------------------------|
| Primary Phone Number s (add if Home/Cell/Work/Other) | Email Address & AOL Instant Messenger |
|--|---------------------------------------|

| | | |
|--------------------------|--------------|-----------------------------|
| Signature of Participant | Today's Date | Referred to Avalon By Whom? |
|--------------------------|--------------|-----------------------------|

Please list any allergies to medicine, current prescriptions, and/or any other info on medical conditions that may need to be referenced in case of a medical emergency: _____

~~~ Ages 14, 15, 16, & 17... Below Section Is For YOUTH Participants Only ~~~

| | | |
|---|-------------------------------|--------------|
| Ages 14-18: Guardian of Youth Participant - Signature | Full Printed Name of Guardian | Today's Date |
|---|-------------------------------|--------------|

| | | |
|---|---|--------------|
| Ages 14-16: Sponsoring Avalon Member -Signature | Full Printed Name of Avalon Sponsor over 18 | Today's Date |
|---|---|--------------|