

Solar Medical Information

Please note: the following information is for SOLAR staff in case of an emergency. SOLAR will keep this information in confidence for game officials only, and on a need-to-know basis. no information provided will be sold or used by any one not solar management..

Name, Character's Name and Race, Address, Telephone, Birth Date, and please give the name and numbers of two people to contact in case of an emergency and any special instructions in seeking medical treatment (such as restrictions due to personal preferences or religious reasons).

Name: _____

Character's Name and Race: _____

Address: _____

Email: _____

Can solar staff contact you for non medical emergency reasons? ☐ Yes ☐ No

Birth Date: ____ / ____ / ____

Telephone: (____) _____

Please give the name and numbers of two people to contact in case of an emergency:

Name: _____ Phone Number: (____) _____

Name: _____ Phone Number: (____) _____

Known allergies including medicines:

Any special instructions in seeking medical treatment: (such as restrictions due to personal preferences or religious reasons)

Legal Release

I, the undersigned, understand that the Southern Organization of Live-Action Reenactments, Inc. (*SOLAR*) 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 the darkness, or the occurrence of some other unforeseeable accident. Further, since I may also be participating in mock battles using padded weapons, there is the risk of injury from other participants.

I understand the risks involved in events sponsored by the Southern Organization of Live-Action Reenactments, Inc. I shall make no claim of any description against this organization, its members or its officers or any company doing business with this organization for any loss or damages suffered in the course of participating.

I confirm I am in good physical health and do not suffer from any physical disabilities unknown to the organization. I agree also to the following restrictions placed upon me by the Southern Organization of Live-Action Reenactments, Inc.:

- 1) I will not use padded weapons approved by *SOLAR* unless I have first completed the safety training course.
- 2) I will not bring nor consume alcoholic beverages or participate in any other drug use during the event.
- 3) I will not use any skills taught by *SOLAR* for illegal purposes.
- 4) I will at all times abide by the safety rules of the organization.
- 5) I understand that failure to abide by these agreements could result in expulsion from the organization.

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.

Printed Name: _____ Birth date: ____/____/____

Signature: _____ Date ____/____/____

Signature of parent/legal guardian if under 18: _____ Date ____/____/____