



**Sword Coast Medieval Fighters Guild  
of Ventura California**

**RELEASE OF LIABILITY AND TRAINING AGREEMENT**

I, the undersigned, understand and acknowledge that the program that I am about to attend and participate in is being presented by The Sword Coast Medieval Fighters Guild , as also known as Sword Coast and is a member of the national organization known as Belegarth Medieval Combat Society. The Officers and their agents of Sword Coast shall herein be known as Hosts. **IN:** \_\_\_\_\_

I, the undersigned, understand that participation in the events and the practice sessions of Sword Coast includes possible strenuous physical encounters between myself and other training partners or officers that could lead to serious physical discomfort, and, or, permanent impairment. **IN:** \_\_\_\_\_

By signing this release form, I give my full consent to such contact and physical activities that may cause me bodily harm or death. I hereby acknowledge that I fully realize that during the training I will always at all times have the option of withdrawing from participation in any exercise or combat, and that it is my personal responsibility to decide which exercises and combats that I will participate in. I hereby also represent that I am physically and emotionally fit to engage in these combat activities. I also acknowledge that the members of Sword Coast are under no obligation to require me to prove my degree of health and fitness. I further acknowledge that by entering into the training, that at any time during the training I may be exposed to a risk of personal injury or death arising out of possible negligence, unavoidable accident, or otherwise, due to the very nature of the combat activities. **IN:** \_\_\_\_\_

I understand that Sword Coast, the officers, nor their agents, warranty the fighting field to be free from debris or defects. **IN:** \_\_\_\_\_

If my conduct, actions, or statements while participating in or attending the training are determined to be inappropriate or detrimental to the safety or well being of the other participants, I shall willingly comply with the request of the Sword Coast Officers, or their agents known as Marshals/Heralds to remove myself and my effects from the site of training or combat immediately. I acknowledge that through my own actions I may be liable for injuries to Persons and/or property. **IN:** \_\_\_\_\_

By signing this agreement and as part of the consideration for participating in attending the combat or training, it is my stated intention to knowingly assume all risks involved in participating in or attending training, and release Sword Coast, and their officers and agents from any responsibilities or liability for any injury, physical or emotional, that I may sustain while participating in or attending training. I fully understand agree that the Hosts and their agents will not be held liable for any injuries, damages, or death caused by or resulting from negligence of the Hosts and their agents, which is caused in whole or in part by any of my acts, including negligent acts. **IN:** \_\_\_\_\_

I agree for myself and successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this Agreement, I or my successors shall be liable for the expense (including but not limited to, legal fees) incurred by the other party or parties. No officer or agent has the authority to modify this agreement orally. A waiver of any provisions of the Agreement shall not be construed as a modification of any provision, or as consent to any other subsequent waiver modification. **IN:** \_\_\_\_\_

I have fully read, understand and agree to everything stated in this release form.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

(First Name, Middle Initial, Last Name)

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

Notary Public Seal

Phone # : (        ) \_\_\_\_\_

Email : \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

(If applicant is under 18 years of age the Waiver must have the above signature which must be notarized)