

**NERO INTERNATIONAL HOLDING COMPANY, INC.
LEGAL GUARDIAN MINOR PLAYER RELEASE FORM**

NERO®
P.O. Box 543
Rye NY 10580-0543
(914) 328-9123
www.NeroLarp.com

Printed Name of Parent or Legal Guardian: _____

Guardian Home Telephone: _____

Guardian Backup Telephone: _____

Name of Member: _____

Member Age: _____ DOB: _____

Member Address: _____

Member Insurance Provider: _____

Members Insurance Policy Number: _____

Member Pediatrician Name: _____

Member Pediatrician Telephone: _____

Members Known Allergies: _____

Members Medications: _____

Any Limitations: _____

Specific Comments: _____

I, _____, parent/legal guardian of _____,

do hereby assign temporary legal guardianship to _____ for this NERO ® event,

dated _____ to _____.

I, _____, parent/legal guardian of _____,

do hereby release NERO® and its affiliates from medical liability and will not hold NERO ® responsible for any accidents that my son/daughter has while attending an event.

I _____, parent/legal guardian of _____,

do hereby give permission for _____, to be taken to the nearest hospital, and/or receive emergency medical treatment, if necessary.

Signature of Parent / Legal Guardian: _____

Date: _____

Printed Name of Parent / Legal Guardian: _____