

Medical History & Emergency Information

Crimson Hero Games, Inc. activities, like any active sport, involve a certain risk of injury. In the unlikely event that a participant is injured, Crimson Hero Games, Inc. would like to take the appropriate actions. Please fill out this form completely and legibly. The information on this form is required for admission into any US hospital. The information will be held in strict confidence.

Participant Name (please print): _____

Parent or Legal Guardian (please print): _____ (if under 18 years of age)

Does the participant have any medical conditions that Crimson Hero Games, Inc. needs to know about to ensure the participants safety in the event medical treatment is needed? If yes, please list. Include allergies (including bee stings), adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, or any other problems.

No ____ Yes ____ (please explain)

This health history is correct as far as I know, and the person herein has permission to engage in all prescribed activities. In the event I, or the person listed below, cannot be reached in an emergency, I hereby give permission to have 1) Crimson Hero Games, Inc. Numina members render first aid, and 2) any physician hospitalize, secure proper anesthesia, or order injection for (participant's name).

_____ (print name)

Signature of Parent or Guardian (if under 18), or Participant (if 18 or older)

_____ (Signature) Date: _____

Parent or Guardian Phone Number: (____) _____

In case of emergency contact (or enter NONE):

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Medical Insurance Information (Plan or Policy Number): _____

Family Doctor: _____ Phone: (____) _____

Legal Release Form

I, the undersigned, understand that Crimson Hero Games, Inc. (Numina) has taken all precautions and reasonable steps to minimize all risks to participants, but is unable to 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 the rough ground, a fall over obstacles in darkness, or the occurrence of some unforeseen accident. Further, since I may also be participating in mock battles using padded weapons, there is a risk of injury from other participants. While Crimson Hero Games, Inc. is committed to safety at our events, it is not possible to control the actions of individuals.

I understand the risks involved in participating in the events sponsored by Crimson Hero Games, Inc.. I shall make no claim of any description against the organization, its members or its officers, or any company doing business with the organization. I agree also to the following restrictions placed upon me by Crimson Hero Games, Inc.

I will not bring or consume alcoholic beverages or illegal drugs during the event.

I will not use any of the skills taught to me by the organization for illegal purposes.

Unless I submit a written and signed request stating the opposite, I will allow the organization, for promotional purposes, to photograph, film, or videotape me participating in the event.

I will at all times abide by the safety rules of 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.

Signature of Participant: _____ Date: _____

Signature of Parent or Legal Guardian (if Under 18): _____

Print Name, Address, & Phone Number: _____
