

Nocturne LARP, LLC. Permission Form

Please print, complete, and submit to logistics at check-in upon arrival to camp.

I, _____, give permission for

(Parent or legal guardian's full name)

_____, to participate in the following:

(Full name of participant)

Participating in all Live Action Role Playing Game Activities (At the Camp Allamuchy, 750 Waterloo Road, Stanhope, NJ 07874 location):

- General use of the camp's amenities which include but are not limited to: hiking trails, lookout-points and tree forts, cabins, showers, and swimming pool (seasonally).
- Saturday night feast (a dinner for all players, included in event cost). **All other weekend meals and snacks are to be supplied by the player.** Staff keeps a stock of snacks and water for emergencies and the NPC Cabin.
- Allowing qualified individuals to apply first aid or utilize CPR should they find it medically necessary.

Do you give your child permission to participate in boffer-style martial combat activities?

- Full participation in a role playing game environment which includes scenarios with: martial combat with boffer padded weapons (PVC core), the use of foam pad-tipped arrows, and representations of gaming effects through the use of bird seed packed into small egg-sized bean bags.

Please Mark ONE with an "X"

YES ___ My child can participate in boffer-style martial combat activities.

NO ___ (Your child will be identified with an orange colored arm or headband as a 'non-com' or non-combative player. Points and gaming effects will be awarded and deducted without any actual intentional contact. Non-combative players must take caution in martial combat activities and scenarios - which can be sudden and unexpected in order to enrich the plot and storyline) Non-com status must be maintained for the entirety of the event.

- All players are required to clean up their sleeping space and cabin, and assist with Sunday's camp clean-process (deconstructing sets, trash removal, sweeping and mopping, etc). If you do not stay overnight or must leave before Sunday morning clean-up starts (typically at 9AM) then please have your child see a staff member for a special clean-up task.

ALLERGIES – Please checkmark one of the two boxes listed below:

___ No, my child has no known allergies

___ Yes, my child has the following allergies that could be a concern. Please include any allergies to medicines, bug bites, bug repellent or sunscreen, food allergies, etc. Let us know if the condition has any possibility of needing professional medical treatment, or whether it can be life threatening.

<i>Description</i>	<i>Treatment necessary</i>	<i>Life threatening? (Yes/No)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Date: _____

Emergency Contact Number: (____) - ____ - _____ **Name:** _____

Campers under the age of 18 must have a completed form to participate. Please submit to a staff member immediately upon arrival.