

Dear Parent or Guardian,

The following pages comprise a legal release form. In order for your son or daughter to participate in our events we need these papers completed and signed. We recognize that signing a release form can seem scary at times, and if you do not feel comfortable with it then please do not do so. As a parent it is your right and obviously your responsibility to decide what activities your child takes part in.

That said, let me assure you that Knight Realms is a safe and friendly environment. The organization is filled with great people and caring and observant staff members. Our track record of safety is excellent. In over seven years, the organization has never had to make an insurance claim for an injury, because none have ever been as severe as to need one.

The first part of the release form is required to collect information in case of an emergency. The second part of the release form is required to guarantee to us that your child has your permission to participate in Knight Realms events, that you understand the risk that you are accepting in doing so, and that you permit Knight Realms to act quickly to take your son or daughter to a nearby hospital in the event that an he or she becomes injured in such a manner that requires medical attention in the opinion of members of our staff who are certified in First Aid.

At anytime during an event you can call the Knight Realms phone number to make sure that your child is at our event and to speak with him or her in the case of a family emergency.

# KNIGHT REALMS

## LEGAL GUARDIAN MINOR PLAYER RELEASE FORM

Knight Realms  
27 Maynard Rd  
Somerset NJ 08873  
(908) 917-7120  
www.knightrealms.com

### **PART I: Member Information** (Please Print Clearly)

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: \_\_\_\_\_

\_\_\_\_\_

**PART II: Legal Release (Please Print Clearly)**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_,

do hereby release Knight Realms and its affiliates from medical liability and will not hold Knight Realms 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: \_\_\_\_\_