

**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: \_\_\_\_\_