

LARP Information Request – Great Escape on the Lakes

Your renown has been whispered among the masses, and the King and Queen of Dragonia have called upon your bravery and courage once again. You are invited to join us in the Northern Kingdom. Bring those you trust, but come by stealth and meet up at the “Dragon’s Light Inn”!

Please complete and sign this form, and email a copy, along with any questions, to GEOTL@GreatEscapeAdventures.net at your earliest convenience. Thank you!

PLAYER INFORMATION

Name

Address

City

State

ZIP

Telephone

Date of Birth

E-mail

Have you played in a LARP before? *(Circle one)*

YES

NO

Will you be tenting in the LARP Area?

YES

NO

EMERGENCY CONTACT INFORMATION

In the event of an emergency, please contact the individual below

Name

Address

City

State

ZIP

Telephone

E-mail

Relationship

Will this person be attending GEOTL? *(Circle one)*

YES

NO

Medical Information

Please list medical conditions, medications you are currently taking, or physical disabilities, including, but not limited to, allergies, asthma, diabetes, heart trouble, seizures, fainting spells, or anything that could affect your participation in the game or treatment during an emergency:

Disclaimer – By returning this form, you, and/or your parent or guardian, agree to the following:

I agree to hold harmless, for any injury, decisions, actions, or otherwise, Great Escape on the Lakes, Great Escape Adventures, our venue, any staff and volunteers, and for anything not yet considered or written in this agreement, including medical emergencies and LARP decisions. We reserve the right to not allow certain LARP weapons, items, and anything that we may deem unsafe. We reserve the right to remove a player from LARP for any reason at our sole discretion. You agree to treat with kindness and respect other players, the venue, and our camp guidelines. LARP decisions may be appealed to the King’s Champion, Sir Pat, and that decision will be final. Photos, video, and written material gained at this event may be used by GEOTL in any media capacity, including videos and the writing of books, unless requested otherwise.

Signature (parent and/or guardian if minor)

Date

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Player Name:

Character Name:

Race

Age

Class

Wealth

Occupation

Special Skills

Weaknesses

Combat Skills

Weapon(s) of Choice

All LARP weapons must be approved for use by the game weapons master. Weapons that do not meet the safety standard for the game will have to be altered or not used, including purchased latex weapons.

Magical Abilities

Magical Objects

Special Effects

All special effects must be approved for use by the game designers. Effects that do not meet the safety standard for the game will not be permitted. The LARP team welcomes your inquiries about specific effects.

Character Background Story Please attach as many pages as are needed. We will use this information to include your character in the story. What has caused you to respond to this great call for help? Please elaborate on your character's biographical history and adventures, how your character obtained any special abilities or magic items; and including your character's personality as this will help you determine how to react to various situations.