

# FANTASM WARHAMMER 40K TOURNAMENT ENTRY FORM

## Instructions

All participants and attendees of **FANTASM** complete this form in order to participate in the **Warhammer 40k Tournament!**. Please only one form per Participant. This form must be completed filled out and emailed to [nd1028@gmail.com](mailto:nd1028@gmail.com). Incomplete forms will not be accepted.

This form must be completed using the Participant's full and legal name; otherwise, the form will not be accepted, and the Participant may not participate.

If applicable, a parent or legal guardian must sign the **Parent or Guardian's Additional Release for Minors** for participants who are not 18 on or before the date that this form is signed.

The information disclosed below will be used only in conjunction with the Event and for historical purposes of documenting the Event in which the Participant is participating. Participants agree to be photographed and filmed for advertising purposes and promotional purposes. Participants should expect their first and where necessary, last name will be used to identify them publicly unless otherwise noted and discussed with the **Contest Coordinator**.

## Participant Information

Legal First Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

### **IMPORTANT! PLEASE NOTE!**

**YOU MUST ALSO ATTACH A SEPARATE COPY OF YOUR ARMY LIST WHEN YOU SEND THIS IN! ALL ENTRIES THAT DO NOT HAVE YOUR LIST ATTACHED MAY BE DISQUALIFIED!**

My signature below establishes that I have carefully read the **Warhammer 40k Tournament Participation Terms and Conditions and General Liability Release and Waiver** agreement, that I fully understand the same, and is proof of my intention to execute a complete and unconditional **WAIVER & RELEASE** of all liability to the full extent of the law. I am 18 years of age or older and mentally competent.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Guardian's Additional Release for Minors

In consideration of (the "Minor") being permitted by **FANTASM** and **Encompass Entertainment, LLC.** to participate in the Events, I the undersigned represent and affirm that I am the parent or legal guardian of the Minor whose name appears above. I understand and agree that the above terms and conditions apply to the Minor and to me. I further agree to indemnify and hold harmless **FANTASM** and **Encompass Entertainment, LLC, Candlelight, Fx** and all of their affiliates. from any and all claims which are brought by, or on behalf of the Minor, and which are in anyway connected with the Minor's participation in the Events. I also agree that I will be present during the entire event.

Print Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Relationship to the Participant: \_\_\_\_\_