

**MPCON LLC
EASTERN MICHIGAN UNIVERSITY**

THIS IS A RELEASE OF LIABILITY – PLEASE READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO ENTER OR TAKE PART IN ANY OR ALL EVENT(S).

PARTICIPANT'S NAME: _____ ALIAS _____

DATE OF BIRTH: _____
(Please Print)

In consideration of being permitted to participate in any way in the sport and activities of competitive gaming under the auspices of the parties named above, I acknowledge, appreciate, and agree that:

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
2. I understand that the activities of gaming may be mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest staff member as soon as practical; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS MPCON LLC, AND EASTERN MICHIGAN UNIVERSITY, the owners and lessors of premises used to conduct the competitive gaming activities, their officers, officials, agents and/or employees and staff members ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, except that which is the result of gross negligence and/or reckless misconduct; and,
4. I understand and agree that this Release of Liability Agreement covers each and every gaming activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the MPCOn LLC, Eastern Michigan University, and all other Releases but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____ Date _____
PARENT/GUARDIAN'S SIGNATURE

In case of emergency, please contact: _____
Phone #: _____