



# Understanding of Risk & Register of members

*Wars of the  
Roses  
Federation*  
www.wotrff.org

**GROUP NAME** \_\_\_\_\_

Copies of the Terms and Conditions of the WARS OF THE ROSES FEDERATION, and its Health and Safety policy have been issued, to all of the listed members of my group .

As Captain/Chair I confirm on behalf of my registered members that all understand, and comprehend their responsibilities, and agree to abide by all the requirements. All are aware that participation in a WARS OF THE ROSES FEDERATION event is completely voluntary and at their own risk. That they also understand that no assurance guaranteeing safety is being made.

They acknowledge that they have been told:

- 1) People have been seriously injured in re-enactments.
- 2) There is an inherent risk of injury in re-enactments.
- 3) If they voluntarily choose to take part in a WARS OF THE ROSES FEDERATION event, there is a possibility they may receive injuries requiring medical attention.

**Please confirm that all members registered have read and understand the above statements, your signature below indicates this to be so.**

**NAME: (Please PRINT clearly)** \_\_\_\_\_

**Official capacity (CHAIR/CAPTAIN etc):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Mark if under 16**

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Members name:** \_\_\_\_\_

**Please print out this form, and sign it and send to the Fed Chair along with membership fees.**