



ARG Circuit Series Registration & Waiver Form



Name: _____

State of Residence: _____ Date of Birth: ___/___/___

Email: _____

By attending this ARG Event, I understand and agree that by my signature below, I agree that Alter Reality Games may photograph me and record my voice and likeness, and may distribute, exhibit, broadcast, exploit, advertise, publicize, promote, and use my name, biographical material, likeness, voice, and performance in and in connection with the Event. I understand I am not entitled to compensation for this usage, and I agree that this information or images may be used without prior notification. I represent and warrant that I am of the age of majority in my state or province of residence (19 or older in NE and AL, and 18 or older in all other U.S. states) (or, if not, that a parent or legal guardian will sign on my behalf).

Signature: _____

Date: ___/___/___

Self or Parent/Legal Guardian in case of under age of majority

