

AMTGARD GENERAL WAIVER AND INFORMED CONSENT TO PARTICIPATE IN ALL AMTGARD EVENTS AND FUNCTIONS

Please print all information and turn in to the Prime Minister before you participate in your first event.

MUNDANE (real) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (____) _____

FULL PERSONA NAME _____

What group or company are you with? _____

Information on persona race, nationality, and social status: _____

DATE OF BIRTH: _____

I agree to release and hold harmless Amtgard, Kingdom of the Burning Lands, Amtgard splinter group chapters, and all members of all Amtgard Chapters from and against all claims, demands, and actions in respect to damage to my person or my property arising in connection with my participation in Amtgard functions. Furthermore I accept and understand that neither Amtgard or any Amtgard member is responsible for any injuries received or given at any Amtgard function.

Signature

Signature of parent or guardian (if above is under 18 years of age)

Date