

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

INSTRUCTIONS: Complete this form and have all the necessary officials sign if BEFORE you participate in your first event. If you plan to participate in any of the martial activities(IE. Fighting, ditch battles, battle games, quests, etc...), you must obtain the signature of the Marshall and the Guildmaster of Reeves before you perform that activity. *Please complete all fields and print carefully.*

PERSONAL INFORMATION:

Full Name:	Persona Name:	
Address:		
City:	State:	Zip:
Telephone Number:	Date of Birth:	

MEDICAL INFORMATION: In case you are unable to respond, in cases of emergency, this information will be required to contact family and provide to ambulance or hospital staff. *This is confidential information.*

Emergency Contact:	Contact Phone:
Preferred Hospital:	Insurance:
Allergies:	
Disabilities or Medications:	

WARNING: Amtgard is an activity that carries a risk of physical injury. Whether participating in the martial aspects of Amtgard, observing as a bystander, or engaging in the arts and role-playing aspects, the risk cannot be eliminated. The risk may be reduced, but never eliminated. The risk of injury includes: minor injuries, such as bruises, cuts and scrapes; more serious injuries, such as broken bones, dislocations and muscle pulls and even disabling injuries such as damaged eyes, throats and groins. This is not an all inclusive list of injuries, but most injuries will be minor.

CONSENT AGREEMENT:

1. I agree to release and hold unaccountable, Amtgard Inc. Kingdom of the Burning Lands, Amtgard chapters and their officers and members, from and against any claims, demands and actions in respect to damage to my person or property, through participation in or observation of Amtgard activities or functions.
2. I hereby give Amtgard Inc. Kingdom of the Burning Lands, Amtgard chapters or their officers permission to provide or seek emergency medical treatment on my behalf, should I need such care. Any such care will be at my own expense. I understand that a reasonable attempt will be made to reach the emergency contact(s) above BEFORE the medical treatment is administered.
3. I declare that I have been fully informed concerning the risks of participation in the activities and functions of Amtgard.

SIGNATURES:

Participant:	Date:
Parent/Guardian of Participant if Minor:	Date:
Monarch:	Date:
Marshall:	Date:
Guildmaster of Reeves:	Date: