

Waiver of Liability and Hold Harmless Agreement

Amtgard general waiver and informed consent to participate in all Amtgard events and functions. This form must be filled out and turned into the Prime Minister before participation in an Amtgard event or function.

1. I, in consideration for myself _____, receiving permission to participate in Amtgard, hereby release, waive and discharge all people involved with or associated with Amtgard (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by myself or to any property in the possession of myself, while participating in Amtgard, or while in, on, upon, or traveling to or from any program activity where Amtgard is being conducted.
2. I am fully aware of the risks and hazards connected with allowing myself to participate in this activity, including the risk of physical injury or disability as the result of such injury, and I hereby allow myself to voluntarily participate in said activity. I voluntarily assume full responsibility of any risk of loss, property damage, or personal injury that may be sustained by myself, or any loss or damage to property in the possession of myself, as a result of being engaged in such activity.
3. I further agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs that may incur due to my participation in said activity.
4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, and personal representatives, if I am not alive, and shall be deemed a release, waiver, and discharge above named Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the state laws of Wisconsin.
5. I understand the Releasees will not be held responsible for any medical costs associated with an injury myself may sustain.
6. I further agree to become familiar with the rules and regulations for my conduct and agree that I will not violate said rules or any directive or instruction made by the persons in charge of said program and that I will further assume the complete risk of any activity done in violation of said rule, directive, or instruction.
7. I also understand that I am urged to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the program or transportation to or from said program and activities.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed: no oral representations, statements, or inducements, apart from the foregoing agreement have been made; I am at least eighteen (18) years of age and fully competent; and I execute the release for full, adequate, and complete consideration, fully intending to be bound by the same.

Signature	Date Signed
Signature of legal guardian if under 18	Date Signed

Please Print All Information Legibly:

Mundane (real) name	Date of Birth
Street address, City, State, Zip, Apt#	
Home Phone Number	Email Address
Emergency Contact Name, Relationship, and Phone	
Amtgard Persona Name (if known)	

Would you like to be contacted with more information about Amtgard? Y/N

If yes, how would you like to be contacted? E-Mail Phone Snail Mail (make sure you gave your contact info above)

We have an e-mail list, would you like to be added as a member? Y/N If yes, should we use the above e-mail address? Y/N

If no, please list the address to use.