

# Waiver of Liability and Hold Harmless Agreement

This is the Amtgard general waiver and constitutes 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 California and Nevada.
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 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.
8. I understand that my photograph may be taken before, during or after Amtgard activities, but my image may not be used for promotional or official purposes without my express consent.
9. If any information below is found to be false, your membership can be terminated Without notice.

**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 will 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.**

***All items with an \* are required***

|  |  |               |
|--|--|---------------|
| * Signature  |  | * Date Signed |
| * Signature of legal guardian <i>if under 18</i>   |  | Date Signed   |
| * First Name   | Email Address for Online Record Keeper (ORK) access  |               |
| * Last Name  | User Name (Might be changed by ORK system)   |               |
| Persona Name   | <input type="checkbox"/> Joining <input type="checkbox"/> Transferring <input type="checkbox"/> Updating Waiver<br>For Transfers: Date originally joined Amtgard _____ |               |
| * I certify that I am not on a sex offender registry nor currently under investigation for a sexual offense: _____ (initial) |  |               |

**All information below this line is to be filled out by the Amtgard Land representative receiving this waiver.**

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|--|--|---|
| <b>* Age range today (pick one)</b><br><input type="checkbox"/> 18+ <input type="checkbox"/> 14+ <input type="checkbox"/> Under 14 | <b>* ID Type used (DL, Passport, etc):</b><br>_____ Exp: _____ | <b>* Name &amp; Position of Land Representative</b> |
|  |  | Land:   |

\*Accepted by: \_\_\_\_\_ on: \_\_\_\_\_      Entered by: \_\_\_\_\_ on: \_\_\_\_\_      Scanned ☐