

Amtgard, Inc. General Waiver and Informed Consent in all
Amtgard events and functions

Mundane (Real)

Name: _____

Amtgard Name: _____

Address: _____

City: _____ **State:** _____

Phone: (_____) _____ - _____

Date of Birth: _____

Emergency Contact Person: _____

Emergency Contact Number: (_____) _____ - _____

Medical Information:

I agree to release and hold harmless Amtgard, Inc, Empire of the Iron Mountains, and Amtgard Splinter chapters from and against all claims, demands, and actions in respect to damage to my person or property arising in connection with my participation in Amtgard functions. Furthermore, I accept and understand that Amtgard is not responsible for any injuries received or given at any Amtgard function.

Signature

Date

Signature of parent/guardian
(If needed)

Date