

Amtgard Inc., Chapter of Astral Winds
Disclosure of Risk and Indemnification and Hold Harmless Agreement

I, the undersigned, and my parent or legal guardian if I am under eighteen (18) years of age, do hereby understand, acknowledge and agree that from this date forward I may knowingly and willingly participate in a Medieval Recreational Society known as Amtgard, Inc., that may require some strenuous physical activity which can include physical contact with others and/or their equipment being employed during said activity.

I recognize and accept that such activity may pose risk of injury to others and myself.

I am in good health to the best of my knowledge, and I am readily able to make personal judgments as to my own physical limitations.

I, and my parent or legal guardian if I am under eighteen (18) years of age, do hereby agree to indemnify and hold harmless the owner of any premises upon which these activities will be conducted, to specifically include, but not limited to: Chena Lakes Recreational Area, Fairbanks North Star Borough, Growden Picnic Area of Fairbanks, Alaska Parks & Recreational Dept., University of Alaska, Amtgard Inc., any of its associated/elected officers; and all other participants who are parties to this or a similar agreement, from any claim of injury or damages resulting from participation herein.

Note that all participants must be over the age of fourteen (14) years of age to participate on the “combative” portions of Amtgard activities. These combative portions are defined as either “Passive Activities” or “Active Activities”. “Passive Activities” are defined as those that require an individual to be present on the battlefield (the area where combat takes place), but do not require the individual to actively compete against any other participant on the battlefield. “Active Activities” are those that require an individual to actively compete against another battlefield participant. Those under fourteen (14) who wish to participate must receive special permission from the reigning monarch.

PARTICIPANTS NAME: _____

PARTICIPANTS SIGNATURE: _____ DATE: _____

BIRTH DATE OF PARTICIPANT: _____

PARTICIPANT’S PHONE NUMBER: _____

PARTICIPANT’S EMAIL ADDRESS: _____

PARTICIPANT’S MAILING ADDRESS: _____

EMERGENCY CONTACT INFO: _____

OTHER INFORMATION (MEDICAL CONDITIONS, ETC.): _____

****if Participant is under the age of 18****

PARENT’S NAME: _____ Initial Authorized Activities

PARENT’S SIGNATURE: _____ Passive: ____ | Active: ____

MONARCH’S NAME: _____ Initial Authorized Activities

MONARCH’S SIGNATURE: _____ Passive: ____ | Active: ____