

Dark Valley of the Black Spire 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 & Dark Valley of the Black Spire (hereinafter referred to as RELEASE'S) 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 Release's 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 Release's. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the state laws of Oregon.
5. I understand the Release's 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.

(Prime Minister or Land Chancellor must acquire proof of age from ID and personally contact the parent or legal guardian of a minor to verify they are aware of the minor's participation.)

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

Please Print:

Mundane (real) name	Date of Birth
Street address, City, State, Zip, Apt#	
Home Phone Number	Work Phone Number
Email Address	Pager Number
Do you own a vehicle?	Are you willing to provide rides to event?

[This section to be filled out by Land Chancellor or Prime Minister Only]
Sign here once proof of age has been verified; and, in the case of a minor, parent or legal guardian has been personally contacted.

(Verify proof of parent/legal guardian status, also.)

Alcohol and Drug Policy

People are permitted to drink at “discreet” sites or functions, provided they are of the age of 21 or older and have a period-style container where others cannot determine its contents. People under the age of 21 are Not allowed to drink at Amtgard functions; if a minor is drinking the alcohol will be confiscated and the minor will be directed to leave the function. The minor may face suspension or event restrictions if this occurs. A person who is providing minors with alcohol will be directed to leave the function. Such incidents will result in the proper authorities being notified. Any person caught using illegal drugs will be directed to leave the function and the proper authorities will be notified.

Smoking Policy

People are permitted to smoke at Amtgard functions, provided they are over the age of 18 and do not smoke while actively participating on the battlefield. A minor who is caught smoking will be asked to stop; if they are caught a second time, they will either be directed to leave or the proper authorities will be notified.

Weapons Policy

People are permitted to carry bladed, period-style weapons at Amtgard functions. They may not actively participate in any combative games while bearing such weapons. Weapons should be peace tied so they cannot be drawn. If any person brandishes a weapon with the intent to intimidate, scare, injure, or damage a person or property, that person will be directed to leave the function.

Any individual violating these policies will be placed on probationary status and the situation will be reviewed by the Monarch, Prime Minister, and Guild Master of Reeves (and officers of the Board of Directors when necessary). They may face suspension from attending any Amtgard functions and events for a period of one month, up to six months. The Board of Directors may enforce more extended action.

Medical Policy

This information is to be used in case of a medical emergency. Please fill out as completely and accurately as possible. All of the information provided below will be kept confidential.

Person to contact in case of Emergency:

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Preference of Hospital: _____

Current Medication (in any): _____

Allergies (if any): _____

Any major, pre-existing or health problems:

Comments or requests:

