



**Amtgard, The Duchy of the River's End**  
 Amtgard Events & Functions.

Mundane (real) Name: \_\_\_\_\_  
 Persona Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Farspeaker (phone) Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_  
 Astral Location (email address): \_\_\_\_\_

I agree to indemnify, release and hold harmless Amtgard-The Kingdom of the Burning Lands, Amtgard - The Kingdom of the Desert Winds, any sub-groups of Amtgard - The Kingdom of the Desert Winds, Amtgard splinter group chapters, and all members of all Amtgard Chapters from and against all claims, demands, and actions in respect to damage or injury, emotional or physical, to my person or my property arising in connection with my participation in Amtgard functions. I acknowledge that Amtgard is a contact sport and with that comes the risk of injury. Furthermore, I accept and understand that neither Amtgard nor any Amtgard members are responsible, or to be held responsible, for any injuries received or given at any Amtgard function as the result of participation in activities associated with Amtgard. I also authorize by my signature herein permission for medical treatment by professional means, if necessary, and I am unable to answer for myself. Note: Anyone under the age of 14 may only participate in fighting activities with both permission of their Parent(s)/Guardian(s) and the Monarch or Guildmaster of Reeves, and with their Parent(s)/Guardian(s) physically present.

Note: Must sign with ink.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

(if Participant is under 18 years old)

Monarch or Guildmaster of Reeves: \_\_\_\_\_



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