

# AMTGARD FLORIDA INC.

## Consent to Participate and Release Liability

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the organization known as Amtgard Florida, Inc., a Florida not-for-profit corporation.

Amtgard Florida, Inc. has rules, which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: The Neverwinter Corpora, the Amtgard rules of play, local, state and federal laws.

Amtgard Florida, Inc. makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by Amtgard Florida, Inc. or any of its subsidiaries.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I accept and assume the risk of injury to myself or damage to my property.

I understand that Amtgard Florida, Inc. does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these activities and events sponsored by Amtgard Florida, Inc., I agree to release from liability, agree to indemnify, and hold harmless Amtgard Florida, Inc., and any agent, officer, or employee of Amtgard Florida Inc. acting within the scope of their duties, for any injury to my person or damage to my property.

This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon Amtgard Florida, Inc., its officers, agents, and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL OF THE TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

LEGAL NAME (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

LEGAL NAME (SIGN): \_\_\_\_\_ Date: \_\_\_\_\_

Form of ID presented: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

### **Parent or Legal Guardian MUST SIGN BELOW:**

**I the undersigned, state that I am the parent/legal guardian of the minor whose name appears above. I further understand that said minor cannot participate in any AMTGARD FLORIDA INC. activities without entering into this agreement. This document is binding on myself, the said minor, and any person suing on behalf of said minor.**

**Parent/Guardian Legal Name [Print]** \_\_\_\_\_

**Parent/Guardian Legal Name [Sign]** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## General Information Sheet

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Amtgard Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

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Persona Background: \_\_\_\_\_

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Other Information: \_\_\_\_\_

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