

**Amtgard Inc., Chapter of Seven Sleeping Dragons
(Amtgard Society Meet-Up at Cal Poly)**

Release of Liability, Assumption of Risk, 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 know as Amtgard, Inc., that may require some strenuous physical activity that 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. The following list of potential risks related to this activity is intended to assist participants in evaluating the risk of participation and assumption of those risks through voluntary participation and agreement on the attached release. Additional risks, foreseen and unforeseeable, common and uncommon, may also exist and are assumed through voluntary participation in this activity.

1. Bodily injury, up to and including death
2. Property Damage
3. Temporary and/or permanent disability

Initial

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

Initial

I, and my parent or legal guardian if I am under eighteen (18) years of age, do hereby agree to indemnify and hold harmless Amtgard Inc., any of its associated /elected officers, the owner of any premises upon which these activities will be conducted, to specifically include, but not limited to: Santa Rosa Park and California Polytechnic State University; and all other participants who are parties to this or a similar agreement. I, and my parent or legal guardian if I am under eighteen (18) years of age, do furthermore waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have or which hereafter accrue to me, against those persons and agencies mentioned above.

Initial

This release is intended to discharge the State of California, Trustees of the California State University, California Polytechnic State University, Amtgard Inc., officers, employees, students, and volunteers of each and any other public agencies from and against any and all liability arising out of or connected in any way with my participation in the event/activity, even though

that liability may rise out of the negligence or carelessness on the part of the persons or agencies mentioned above.

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 that 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.

I, and my parent or legal guardian if I am under eighteen (18) years of age, further understand that accidents and injuries can arise out of participation in this activity. Knowing the risks, nevertheless, I hereby agree to assume those risks. It is further understood and agreed that this waiver, release and assumption of risk, is to be binding on my heirs and assigns.

I have read this entire Release Agreement; I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

PARTICIPANT’S NAME: _____

PARTICIPANT’S SIGNATURE: _____

BIRTH DATE OF PARTICIPANT: _____ DATE: _____

PARTICIPANT’S PHONE NUMBER: _____

PARTICIPANT’S EMAIL ADDRESS: _____

PARTICIPANT’S MAILING ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

OTHER INFORMATION (MEDICAL CONDITIONS, ETC.): _____

If Participant is Under the Age of 18:

PARENT’S NAME: _____ Initial Authorized Activities:

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

DATE: _____

MONARCH’S NAME: _____ Initial Authorized Activities:

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

DATE: _____