



the Duchy of
Wavehaven
 presents
**The War of the
 Darkshore**



Amtgard, Inc. General Waiver and Informed Consent
 Please print the following information:

Mundane Name:		Date of Birth:	
Amtgard Name:		Home Chapter:	
Address:		Home Kingdom:	
City:	State:	Zip:	
Phone: () -			
Emergency Contact Person:		Relation:	
Emergency Contact Number: () -			
Medical Information: (allergies, important medications, etc., anything you feel we should know about in an emergency)			
I agree to release and hold harmless Amtgard, Inc., Duchy of Wavehaven, and all other Amtgard splinter chapters from and against all claims, demands, and actions in respect to damage to my person or property arising in connection with my participation in Amtgard functions. Furthermore, I accept and understand that Amtgard, Inc. is not responsible for any injuries received or given at any Amtgard function.			
Signature		Date	
Signature of parent/guardian		Date	