

Youth Release and Indemnification Agreement

**Required for all minors to attend and participate at Amtgard's
*Gathering of the Clans***

Participant Name _____ Age _____
Participant Address _____ Zip _____
Guardian Name _____
Day Phone _____ Evening Phone _____

I am the Parent/Guardian of the above-named Participant who is under eighteen (18) years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in all Amtgard Inc. activities. I hereby accept all risk to Participant's health and his/her injury or death that may result from such participation, and I hereby release Amtgard Inc., and Amtgard Burning Lands, its governing board, officers, members and representatives, from any liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from, or occur during Participant's participation in all activities, whether caused by negligence of Amtgard Inc, Amtgard Burning Lands, its governing board, its officers, members, or otherwise. I further agree to indemnify and hold harmless Amtgard Inc, and Amtgard Burning Lands, and its governing board, officers, members, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating at the annual Gathering of the Clans.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN AMTGARD'S KINGDOM OF THE BURNINGLANDS CLAN EVENT AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THE NEGLIGENT OR INTENTIONAL ACT OR OMISSION OF THE PARTICIPANT AND/OR MYSELF.

In case of injury or illness, I give permission for the above Participant to receive medical treatment and, if necessary, be transported to a local medical facility.

I understand Amtgard's *Gathering of the Clans* is to be held in the Ruidoso area of the Lincoln National Forest of New Mexico.

Signature of Parent/Guardian _____ **Date Signed:** _____
Signature of Witness _____ **Date Signed:** _____
Address (if different from Participant) _____

This completed form must accompany all Minors attending Clan, **unless they are accompanied** by Parent/Guardian with signed waiver on file in their own lands. Any change to this form in any manner will nullify the document, and the above named minor will not be permitted to attend Clan.