

# Kingdom of the Rising Winds, Inc. Demonstration and Recruitment Event

## Waiver of Liability

### Agreement Express Assumptions of Risks

I do hereby affirm that I have been fully informed of the hazards and risks associated with the recreational activity generally described as Amtgard, including the use of equipment associated therewith in which I am about to engage. Please sign your initials to acknowledge the inherent hazards and risks listed, but are not limited to:

- \_\_\_\_\_ 1. Risk of injury from the activity and equipment is possible.
- \_\_\_\_\_ 2. Possible equipment failure and/or malfunction of my own or others' equipment.
- \_\_\_\_\_ 3. Incidental injury related to the surrounding environment of the venue, whether natural or man made.
- \_\_\_\_\_ 4. Accidents or illness occurring in remote places where there are no available medical facilities.
- \_\_\_\_\_ 5. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of an accident.

I understand the aforementioned description of these risks is not complete and unknown or unanticipated risks may result in injury or illness.

### Criminal History

- \_\_\_\_\_ 1. I am not currently charged with, nor have I ever been convicted of a violent felony or violent misdemeanors
- \_\_\_\_\_ 2. I have not been convicted of a felony level sexual offense nor am I listed on a sexual offenders registry for any jurisdiction within the United States.

### Photographic Consent and Release

\_\_\_\_\_ I hereby authorize The Kingdom of the Rising Winds INC. , and those acting in pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the Organization, and those acting pursuant to its authority, deem appropriate, including promotional, educational, or advertising efforts.

*I release the Organization and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the Organization. I have read and fully understand the terms of this release.*

***I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AGREE TO FOLLOW ALL LOCAL, STATE, AND FEDERAL LAWS AND ANY RULES OR POLICIES OF THE VENUE AND HOST ORGANIZATION WHILE PARTICIPATING IN RISING WINDS ACTIVITIES***

\_\_\_\_\_  
Signature of Adult Participant (Legal Guardian if Participant is a Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Printed Name of Adult Participant (Legal Guardian if Participant is a Minor)

\_\_\_\_\_  
Email Address

**FOR PARTICIPANTS OF MINORITY AGE:** This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this Participant do consent and agree not only to his/her release of the Released Parties to the extent permitted by law, but also to release, protect, indemnify and defend the Released Parties from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Minor Participant