

**2012**

# RE-ENACTORS OF THE AMERICAN CIVIL WAR

## APPLICATION FOR MEMBERSHIP



NEW       TRIAL

Directions: Please **PRINT LEGIBLY** and initial and sign ALL items on back of form.

Fill out one form for **EACH** family member.

Please turn the completed application into your **unit commander**.

Name – (First, Middle, Last): <b>(One Person Only)</b>		Age:	Birth Date:
Address:		City:	State: Zip:
E-mail Address:		Home Phone:	Cell Phone:
Are you available to present a <b>Friday School Day Impression</b> : <input type="checkbox"/> Yes, please describe your impression: <input type="checkbox"/> No			
Are you a <b>Certified EMT, First Responder</b> or other <b>Trained Medical Professional</b> ? <input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No			
Do you have any <b>physical or medical conditions restricting</b> your activities? <input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No			

### EMERGENCY CONTACT INFORMATION

Contact Name:	Contact Relationship:	Contact Phone:
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### TYPE OF MEMBERSHIP

### PREVIOUS REENACTING EXPERIENCE

<input type="checkbox"/> <b>Individual</b>  <input type="checkbox"/> <b>Family</b> (fill out one application form for <b>EACH</b> member of the family and attach to head of household's application) _____ Number of family members (must live at the same address and be under 21)  Name of head household: _____  <input type="checkbox"/> <b>Trial</b> ( <i>single event, one time only</i> ) – Event: _____	Any previous reenacting? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Organization: _____  Rank, Office or Position: _____  Years of reenacting: Artillery: _____ Cavalry: _____ Civilian: _____ Infantry: _____ Medical: _____ Signal: _____ Other: _____
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### UNIT OF AFFILIATION (Check only ONE)

#### CONFEDERATE BRIGADE (Military only)

<input type="checkbox"/> Brigade Staff	<input type="checkbox"/> 1st Texas Infantry	<input type="checkbox"/> 42nd Virginia Infantry	<input type="checkbox"/> 7th Virginia Cavalry
<input type="checkbox"/> Confederate Artillery	<input type="checkbox"/> Hurt's Battery, Alabama Lt. Artillery	<input type="checkbox"/> CSA Medical Dept.	<input type="checkbox"/> CSA Fife & Drum Corps
<input type="checkbox"/> CSA Signal Corps	<input type="checkbox"/> CSA Cadet Corps (ages 9 - 14)		

#### UNION BRIGADE (Military only)

<input type="checkbox"/> Brigade Staff	<input type="checkbox"/> 1st US Sharpshooters (Berdan's)	<input type="checkbox"/> 72nd New York Infantry	<input type="checkbox"/> 1st US Cavalry, Co "A"
<input type="checkbox"/> 7th Michigan Cavalry	<input type="checkbox"/> Federal Artillery	<input type="checkbox"/> 9th Reg't. Invalid Corps	<input type="checkbox"/> U.S. Medical Dept.
<input type="checkbox"/> US Fife & Drum Corps	<input type="checkbox"/> US Signal Corps	<input type="checkbox"/> US Cadet Corps (ages 9 - 14)	

#### NON-COMBATANT CORPS (Civilian)

<input type="checkbox"/> Southern Refugee	<input type="checkbox"/> Townsfolk/all other	<input type="checkbox"/> US Christian Commission	<input type="checkbox"/> US Sanitary Commission
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### 2012 MEMBERSHIP FEE SCHEDULE

### NEW & TRAIL MEMBERSHIP APPROVALS

Individual ..... \$35.00	NEW & TRIAL Application – Signature Required <b>Unit Commander:</b>
Family of Two (same address, under 21) ..... \$45.00	
Family of Three or More (same address, under 21) ..... \$55.00	NEW & TRIAL Application – Signature Required <b>Brigade Commander:</b>
Trial ( <i>single event, one time only</i> ) ..... \$5.00	

### FOR RACW ADMINISTRATIVE USE ONLY

UNIT		R.A.C.W. Treasurer			
Date Received:		Date Received:		Receipt Form No.	Membership Number:
Amount Received:		Amount Received:		Safety Tests Completed:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> RACW General Safety	
Unit Commander Initial Here:		Treasurer Initial Here:		<input type="checkbox"/> PACWR General Safety	
				<input type="checkbox"/> PACWR Infantry Safety	
				<input type="checkbox"/> PACWR Artillery Safety	
				<input type="checkbox"/> PACWR Equine Safety	
				<input type="checkbox"/> PACWR Equine Ground	

Form 001a (Rev. 01/12)

--- COMPLETE FORM BELOW ---  
--- COMPLETE REVERSE SIDE ---

## NEW/TRAIL MEMBER INFORMATION FOR UNIT COMMANDER

Name – (First, Middle, Last): <b>(One Person Only)</b>		Age:	Birth Date:
Address:		City:	State: Zip:
E-mail Address:		Home Phone:	Cell Phone:
EMERGENCY CONTACT INFORMATION			
Contact Name:	Contact Relationship:	Contact Phone:	

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT**

Reenacting is dangerous, and the **Re-enactors of the American Civil War**, hereinafter referred to as **RACW** and the **Pacific Area Civil War Re-enactors Association**, herein after referred to as **PACWR**, requires all participants and parents/guardians of minor participants to assume all risk by signing a general release and agreement not to sue. **If member is a minor**, the parent/guardian will initial along with the minor applicant and sign below.

I/we acknowledge that reenacting events, black powder shooting, and related activities are dangerous and entail known and unknown risks that may result in emotional injury, personal injury or death to me/us, or damage to my/our property, or to other persons or parties or their property. Such risks of loss, injury or death include, but are not limited to: burns, cuts, terrain conditions, heat prostration and related conditions, use of black powder, explosions, impacts from debris, accoutrements, vehicles and/or weaponry, the failure to follow command orders or rules and regulations of event sponsors and host, rescue efforts or medical attention provided by anyone connected to the reenacting event, cardiac conditions, falls, or contact with animals. NOTE: this is not a list of all hazardous activities related to civil war reenacting and black powder shooting. Accordingly, even if injury or death is caused by some risk or hazard not listed above, I/we still agree to assume any and all risk of injury and death which might be associated with or result from my participation in **RACW** or **PACWR** events and activities.

**Assumption of Risk:** With full knowledge and appreciation of the dangers, I/we have made a voluntary choice to participate in reenacting activities and events despite the risks that they present, and I/we voluntarily agree to assume sole responsibility for any and all risks of loss, property damage or personal injury, including death, that may be sustained by me/us as a result of participating in these activities unless caused by the gross negligence or willful or wanton misconduct of a "released party" below.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

**Release:** I/we, on behalf of myself/ourselves and any party claiming an interest through me/us (including, but not limited to, heirs, spouses, parents, children and beneficiaries), voluntarily **RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE**, the **RACW, PACWR**, the organizers of any **RACW** or **PACWR** event, the trustees of, officers of, agents of, or members of the **RACW** or **PACWR**, or any member organization of **PACWR**, or members of any of these reenacting organizations; any owner, lessor, or lessee of any property on which these reenacting organizations conduct any activity; or the sponsors or the organizers of any reenacting event (singularly "released party" and collectively "released parties") from and for all liability, claims, demands, actions, loss or damage on account of any injury to my/our person, including death or property, whether caused by their negligence or for any other reason, excepting only the gross negligence or willful or wanton misconduct of a "released party," while preparing for, practicing for, traveling to or from, or participating in, any reenacting event.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

**Separation of Releases:** I/we agree that this ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT applies separately to each of the "released parties" and that the gross negligence or willful or wanton misconduct of one "released party" will not negate my/our assumption of the risk, release of, and duty to indemnify any "released parties" who are not grossly negligent or who have not acted willfully or wantonly.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

**Policies and Procedures:** I/we agree to be bound by, and abide by, the Policies and Procedures of the **RACW** while participating in any event or activity sponsored by, or affiliated with, them.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

**Indemnification:** I/we agree to defend, indemnify and hold harmless the "released parties" from any loss, liability, damage, claims or costs, including court costs and attorney fees, that they may incur arising out of or related to my/our participation in reenacting activities and events, whether caused by their negligence or for any other reason, excepting only their gross negligence or willful or wanton misconduct.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

**Breadth:** It is the intent of the undersigned that the above Release be as broad and inclusive as allowed by state and federal law. If any clause, sub-clause or portion of any sentence is held invalid, I/we agree that the balance shall continue in full force and effect. This Release is entered into solely for the benefit of the **RACW**, its officers, trustees, agents, affiliations, and members when engaged in activities which promote the participation in the **RACW** sanctioned activities, or the preparation for or travel to such activities, and does not confer a Release upon parties not acting in such a capacity.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

**Video/Photography:** In consideration of my participation with the **RACW**, I/we understand that the **RACW** may video and photograph me during **RACW**-sponsored events. I/we hereby give the **RACW** the unrestricted right and permission to copyright and use, re-use, publish, and re-publish video and/or photographic portraits or pictures of me for the production of materials for funding raising, educational displays and advertising of the **RACW** and Living History. Such materials can include, but are not limited to, DVD movies, photo albums, or individual portraits; such items to be offered to the public attending **RACW**-sponsored events with proceeds going to benefit the **RACW** and its activities. I/we hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied. I/we hereby acknowledge that no compensation or remuneration of any sort is offered or implied for the use of any images taken or used by the **RACW**.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

**Medical Consent:** I/we consent to whatever medical care might be provided or available for injury occurring during the above activities.

Initial Here \_\_\_\_\_ Minor Initial Here \_\_\_\_\_

I, the undersigned, have read and understood this Release and all its terms. I warrant that the above is true and correct in all respects and that no representations, statements, or promises to induce me to execute this agreement. I am entering into this agreement voluntarily.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR MINOR APPLICANTS UNDER THE AGE OF 18 – THIS FORM MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN**

I, the undersigned, warrant that I am the parent or legal guardian of the minor child for whom this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT applies, and further warrant and represent that I am empowered to execute this release on his or her behalf.

Print Name: \_\_\_\_\_ Legal relationship to minor: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

You **must attach** to this form the following documents: **Authorization for Cadet Battlefield Duty** (if minor is age 12 or 13) and/or **Assignment of Temporary Guardianship** (if you are not present at the reenactment or intend to leave minor under another adult's supervision for any period of time during the event).