

2012

# RE-ENACTORS OF THE AMERICAN CIVIL WAR ASSIGNMENT OF TEMPORARY GUARDIANSHIP



## PART 1: TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, to serve as the guardian of my minor child: \_\_\_\_\_, and permit him/her to participate in the activities of the Re-enactors of the American Civil War (RACW).

I understand and acknowledge that the above named individual shall be responsible for my child, and further release, waive, discharge and covenant not to sue the RACW, the organizers of any RACW event, the trustees of, officers of, agents of, employees of, or members of the RACW, or any owner or lessor of any property on which the RACW conducts any activity from all liability my child, myself, or any party claiming an interest through myself or my child for all loss or damage or demand therefore on account of injury to the person or property or death of my child, whether caused by their negligence or for any other reason, while preparing for, practicing for, traveling to or from, or participating in any RACW event.

I further INDEMNIFY AND HOLD HARMLESS the parties released above and each of them from loss, liability, damage or claim they may incur due to the presence of my child's actions during the RACW activities whether caused by their negligence or otherwise.

I further understand that should any changes to this Assignment of Temporary Guardianship be necessary, I will notify the Re-enactors of the American Civil War immediately.

Please check **one (1)** of the following:

\_\_\_\_\_ This Assignment of Temporary Guardianship is good and in effect for the entire year of 2012.

-----Or-----

\_\_\_\_\_ This Assignment of Temporary Guardianship is good for the following Event/Dates only:

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Emergency Phone Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Dated: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## PART II: TO BE COMPLETED BY TEMPORARY GUARDIAN

I, \_\_\_\_\_, accept the responsibilities of acting as the guardian for \_\_\_\_\_, to permit him/her to participate in the activities of the RACW during the dates listed above. I certify that I am at least twenty-one (21) years of age, a member in good standing of the RACW, and am acting as temporary guardian for not more than two (2) minors at this event.

Signed: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dated: \_\_\_\_\_

**Retain a copy for your records.**

**Give one original copy of this form to the Temporary Guardian**

**Give one original copy to the appropriate RACW Brigade Commander or the RACW Treasurer.**