

Reenactors of the American Civil War



Year:
2010

Membership Application

___NEW ___RENEWAL ___TRIAL

Directions: Please **PRINT LEGIBLY** and initial and sign **ALL** items on back of form.
Fill out one form for **EACH** family member.

Name – (First, Middle, Last): (One Person Only)		Birth Date:	Age:
Address:		City:	State:
E-mail Address (Used for RACW dispatches & announcements only):		Zip:	
Home Phone:	Work Phone:	Cell Phone:	Emergency Contact Phone:
Emergency Contact Information:	Name:	Relationship:	
Are you available to present a Friday School Day Impression: <input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, what impression?			
Are you a Certified EMT, First Responder or other Trained Medical Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, please describe:			
Do you have any physical or medical conditions restricting your activities? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, please describe:			
TYPE OF MEMBERSHIP		PREVIOUS REENACTING EXPERIENCE	
Type of Membership:		For New Applicants:	
<input type="checkbox"/> Individual <input type="checkbox"/> Family (fill out one application form for EACH member of the family and attach to head of household's application) ___ Number of family members (must live in same house/address) Name of head household: _____ <input type="checkbox"/> Trial (<i>single event, one time only</i>) – Event: _____		Any previous reenacting ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Organization: _____ Rank, Office or Position: _____	Years of reenacting in: <input type="checkbox"/> Artillery: _____ <input type="checkbox"/> Cavalry: _____ <input type="checkbox"/> Civilian: _____ <input type="checkbox"/> Infantry: _____ <input type="checkbox"/> Medical Dept: _____ <input type="checkbox"/> Signal Corps: _____ <input type="checkbox"/> Other: _____
UNIT OF AFFILIATION (Check only One Box)			
CONFEDERATE BRIGADE UNITS (Military Only)	UNION BRIGADE UNITS (Military Only)	CIVILIAN CORPS UNITS (Non-Combatant)	
<input type="checkbox"/> Brigade Staff <input type="checkbox"/> 1 st Texas Infantry <input type="checkbox"/> 42 nd Virginia Infantry <input type="checkbox"/> Confederate States Zouaves <input type="checkbox"/> 7 th Virginia Cavalry <input type="checkbox"/> Hurts Battery Alabama Light Art. <input type="checkbox"/> CSA Medical Department <input type="checkbox"/> CSA Fife & Drum Corps <input type="checkbox"/> CSA Signal Corps <input type="checkbox"/> CSA Cadet Corps (ages 9 - 14)	<input type="checkbox"/> Brigade Staff <input type="checkbox"/> 1 st US Sharpshooters (Berdan's) <input type="checkbox"/> 72 nd New York Infantry <input type="checkbox"/> 1 st US Cavalry, Co "A" <input type="checkbox"/> 7 th Michigan Cavalry <input type="checkbox"/> Federal Artillery <input type="checkbox"/> 9 th Reg't. Invalid Corps <input type="checkbox"/> US Medical Department <input type="checkbox"/> US Fife & Drum Corps <input type="checkbox"/> US Signal Corps <input type="checkbox"/> US Cadet Corps (ages 9 - 14)	<input type="checkbox"/> Southern Refugee <input type="checkbox"/> Townsfolk/all other <input type="checkbox"/> US Christian Commission <input type="checkbox"/> US Sanitary Commission	
		RETAIL SUTLER	
		Contact the RACW about selling your wares at our events.	
Membership Fee Schedule		New Member Approvals	
Individual \$35.00		The following signatures are required for all new applications:	
Family of Two (living in Same Household) \$45.00			
Family of Three or More (in same Household) \$55.00			
Trial membership (single event, one time per year only) . . . \$5.00			
		Unit Commander: _____ Brigade Commander: _____	
FOR RACW OFFICE USE ONLY			

Fill Out Page 2

Date Received:	Amount Received:	Membership Number:	Date Approved:	Date Card Mailed:	Temp Guardian/Unit:
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Assumption of Risk, Release of Liability, and Indemnification Agreement

Reenacting is dangerous, and the **Reenactors of the American Civil War**, hereinafter referred to as **RACW** and the **Pacific Area Civil War Reenactors 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).

Attach Check or money order payable to: **RACW**
Mail to RACW Board Treasurer: SHEILA KUCK, 1331 GREGORY MT. RD., MONTAGUE, CA 96064