



For RACW Administrative Use Only  
 Date Received \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  Cash  Check  
 Cmdr/Secretary Initials \_\_\_\_\_

Application for Membership  
 Check One:  New  Renewal  Event

Year: 20 \_\_\_\_\_

Please **PRINT LEGIBLY** and initial and sign **ALL** items on back of form. Fill out one form for **EACH** family member  
 MEMBERSHIP CARDS WILL BE GIVEN WHEN AN APPLICATION, YEARLY DUES, AND COMPLETED R.A.C.W. SAFETY TEST HAS BEEN RECEIVED BY THE R.A.C.W.

**APPLICANT INFORMATION**

Name - (First Middle Last)	Birthdate: _____
Postal Address	Age: _____
Email Address	City: _____
	State: _____ Zip: _____
	Primary Phone: _____
	Secondary Phone: _____

**EMERGENCY CONTACT INFORMATION**

Name	Relationship	Phone
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Yes  No In the last 10 years have you been convicted of any of the following: Assault, Battery, Spousal Abuse, Child Abuse, Animal Abuse or Sexual Misconduct?

Yes  No Are you a member of the military, law enforcement, or other 1st responding agency?

Yes  No Do you have any medical conditions that you would like the R.A.C.W. and/or emergency personnel to be made aware of in the event that medical care becomes necessary?  
 Medical Notification: \_\_\_\_\_

Yes  No Are you a member of another club? Or have previous reenacting experience?  
 Club Name: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Yes  No  Decline to State Are you a member of the National Rifle Association (NRA)?

**MEMBERSHIP INFORMATION**

Type of Membership	Family Membership
<input type="checkbox"/> Event \$15 (1st event FREE) Event Name: _____	# of Family Members: _____
<input type="checkbox"/> Annual Individual: \$35	Head of Household _____
<input type="checkbox"/> Annual Family (2 Members): \$45*	
<input type="checkbox"/> Annual Family (3 Members): \$55*	
	*Fill out 1 application for EACH family member

**MEMBERSHIP INFORMATION**

Confederate Brigade	Union Brigade	Civilian Brigade
<input type="checkbox"/> Confederate Brigade Staff	<input type="checkbox"/> Union Brigade Staff	<input type="checkbox"/> Townsfolk/All Other
<input type="checkbox"/> 1st Texas Infantry, Company G	<input type="checkbox"/> Other _____	
<input type="checkbox"/> 3rd Arkansas Infantry, Company I	<input type="checkbox"/> 1st US Cavalry, Co A	
<input type="checkbox"/> 8th Alabama, Co I "Emerald Guard"	<input type="checkbox"/> 72nd NY Vol Infantry, Co C	
<input type="checkbox"/> 42nd Virginia Infantry, Company K	<input type="checkbox"/> Federal Artillery	
<input type="checkbox"/> Hurt's Battery, Alabama Lt. Artillery	Specify Battery: _____	

**NEW OR EVENT MEMBERSHIP - REQUIRED SIGNATURES**

(New) Unit Commander Signature	(New & Event) Brigade Commander Signature	Board Approved
_____	_____	Date: _____

\* COMPLETE OTHER SIDE \*

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, require 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 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 CONVENANT 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 of 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/wee 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 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, claim 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 photography 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 fund 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 induced 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 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.

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

Legal Relationship to Minor: \_\_\_\_\_ Date: \_\_\_\_\_

**For R.A.C.W. Administrative Use Only  
Safety Tests Completed**

- |   |  |
|---|--|
| <input type="checkbox"/> RACW General Safety & Waiver | <input type="checkbox"/> PACWR Infantry  |
| <input type="checkbox"/> RACW Artillery (US or CS)    | <input type="checkbox"/> PACWR Artillery |
| <input type="checkbox"/> PACWR General Safety         | <input type="checkbox"/> PACWR Equine    |

You must attach to this form the following documents: Authorization for Cadet Battlefield Duty (if minor is aged 10 or 11) 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).

Mail to: RACW, PO Box 493951, Redding, CA 96049