

Year: 20_____



APPLICATION FOR MEMBERSHIP

CHECK ONE: NEW RENEWAL EVENT

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 MAILED 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): _____ **BIRTH DATE:** _____

ONE PERSON ONLY _____ **AGE:** _____

POSTAL

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

E-MAIL ADDRESS: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

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 National Rifle Association (NRA)? YES NO DECLINE TO STATE

EMERGENCY CONTACT INFORMATION

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

TYPE OF MEMBERSHIP

- Event \$15 (1st event FREE) Event Name: _____
 - Annual Individual..... \$35
 - Annual Family (2 members)..... \$45*
 - Annual Family (3 or more)\$55*
 - Request financial hardship waiver.
- Unit Cmdr. approval (initial) _____

FAMILY MEMBERSHIPS:

of Family Members: _____
Head of Household: _____
*Fill out one application for EACH family member.

UNIT AFFILIATION (CHECK ONLY ONE)

CONFEDERATE BRIGADE	UNION BRIGADE	NON-COMBATANT CORP
<input type="checkbox"/> CONFEDERATE BRIGADE STAFF	<input type="checkbox"/> UNION BRIGADE STAFF	<input type="checkbox"/> TOWNFOLKS/ALL OTHER
<input type="checkbox"/> 1 ST TEXAS INFANTRY, CO G	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> 3 RD ARKANSAS, CO A	<input type="checkbox"/> 1 ST US CAVALRY, CO A	ANY PREVIOUS REENACTING? YES/NO
<input type="checkbox"/> 8 TH ALABAMA INFANTRY, CO I	<input type="checkbox"/> 72 ND NEW YORK VOL INFT, CO C	PRIOR ORGANIZATION: _____
<input type="checkbox"/> 9 TH VIRGINIA CAVALRY, CO B	<input type="checkbox"/> FEDERAL ARTILLERY	MEMBER OF ANOTHER CIVIL WAR CLUB? YES / NO
<input type="checkbox"/> 42 ND VIRGINIA INFANTRY, CO. K	SPECIFY BATTERY: _____	CLUB NAME: _____
<input type="checkbox"/> HURT'S BATTERY, ALABAMA LT. ARTILLERY		

NEW OR EVENT MEMBERSHIP – REQUIRED SIGNATURES

(NEW) UNIT COMMANDER SIGNATURE: _____ (NEW & EVENT) BRIGADE COMMANDER SIGNATURE _____ BOARD APPROVED _____

DATE: _____

FOR R.A.C.W. ADMINISTRATIVE USE ONLY

UNIT	UNIT	SAFETY TEST(S) COMPLETED:
DATE REC'D _____	DATE REC'D _____	<input type="checkbox"/> PACWR GENERAL SAFETY
AMOUNT _____	AMOUNT _____	<input type="checkbox"/> RACW GENERAL SAFETY <input type="checkbox"/> PACWR INFANTRY
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	<input type="checkbox"/> RACW CSA ARTILLERY <input type="checkbox"/> PACWR ARTILLERY
UNIT CMDR INITIAL HERE: _____	UNIT CMDR INITIAL HERE: _____	<input type="checkbox"/> FARA ARTILLERY <input type="checkbox"/> PACWR EQUINE

COMPLETE OTHER SIDE
THEN SEND TO RACW, PO BOX 493951, REDDING, CA. 96049

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 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 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 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).