

Northwest Civil War Council Membership Form

Please Print Clearly)

NAME: _____ DATE OF BIRTH _____

ADDRESS: _____ CITY _____

STATE _____ ZIP CODE _____ NEWSLETTER BY EMAIL YES ___ NO ___

EMAIL _____ PHONE: _____

General Release of Liability

I am fully aware of the nature and purpose of the activities of the Northwest Civil War Council (NCWC). I agree to be bound by the bylaws, rules, and policies of the NCWC and to obey the direction of the governing officials at NCWC events. I acknowledge that reenacting, black powder shooting and related activities are hazardous, and that I have made a voluntary choice to participate. I agree to assume any and all risks of injury or death that may result from my participation in NCWC events. I agree to release, waive, and discharge from all liability to myself or to any of my family members, and promise not to sue, the NCWC, its governing officials, its board of directors, or the owner or lessor of any property on which the NCWC conducts activity, whether caused by those parties' negligence or any other reason, for any injuries which may result from preparing for, practicing for, traveling to or from, or participating in any NCWC event. I agree to indemnify and hold harmless the parties released above and each of them from any loss, liability, damage or claim they may incur due to my actions during any NCWC event, whether caused by their negligence or otherwise. I understand that the NCWC insurance protects the NCWC not me. Accordingly, if I injure someone or cause property damage while participating in an NCWC event, the fact that the NCWC has insurance will not prevent the injured party from seeking compensation directly from me. It is my intent that this release be as broad and inclusive as allowed by law, and that if any portion is invalid the remainder shall continue in full force and effect. This release is entered into solely for the NCWC events and does not confer a release upon any parties for their actions when not acting in furtherance thereof. I have read, understand and freely agree to this release and all its terms.

SIGNATURE _____ DATE _____

Participation of Minors

I am the legal parent or guardian of the minor child listed above. The minor is under the age of 18 and I give my permission for him/her to join and participate in NCWC events. I agree with and hereby sign on behalf of myself and the minor the General Release of Liability above. I or the sponsor am 18 years of age or older and either I or the sponsor is an active member in the NCWC. The minor belongs in my or the sponsors unit. I or the sponsor agree to attend every event the minor listed above attends and be responsible for the actions of said minor.

PARENT SIGNATURE _____ DATE: _____

PARENT PRINT NAME _____ PHONE NUMBER _____

I agree to sponsor the minor listed above.

SPONSORS NAME SIGNATURE _____ DATE _____

SPONSORS PRINTED NAME _____ UNIT _____

The member listed above has been accepted into _____

Authorized Signature _____ Date _____

FOR OFFICIAL USE ONLY BY MEMBERSHIP COORDINATOR: Date form received _____ Date Minor medical release received _____ Renewal _____ New _____ Check# _____ Amount \$ _____

Name on Check _____