



# Comstock Civil War Reenactors Membership Application 2010



**\*Every member and participant must fill out and sign both pages of this application (including minors).\***

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Do you want to be on the CCWR email list for important updates?  Yes  No Initials \_\_\_\_\_  
**Family Membership: Please list all family members starting with head of household** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Membership Fees</b> <input type="radio"/> Single event (weekend per person) ONE TIME ONLY. \$10.00 <small>(Single event fees can go toward membership fees)</small> <input type="radio"/> Individual Membership.....\$30.00 <input type="radio"/> Couple Membership.....\$35.00 <input type="radio"/> Family Membership.....\$45.00	<b>CCWR administrative Use</b> Card # 10- _____ Amount \$ _____ Membership type: <input type="radio"/> New <input type="radio"/> Renewal <input type="radio"/> Guest	Brigade/Battalion Commander Signature: _____
<b>Visitor- Single Event Location and Date:</b> _____ / ___/ ___	Payment type: Cash \$ _____ Check # _____ Date Received: ___/___/_____ Date Card Mailed: ___/___/_____ _____	Unit Commander Signature: _____
Mail to: <b>CCWR Membership</b> <b>1575 Plumas St. Reno, NV 89509</b>  Checks or Money Orders made out to: CCWR		Membership/Secretary Signature: _____

Brigade Affiliation: (Check One)

US	CS	ARTILLARY	CIVILIAN
<input type="radio"/> 2nd US Infantry Co C	<input type="radio"/> 4th Virginia Infantry	Macintosh Battalion	<input type="radio"/> CSA Refugees
<input type="radio"/> 1st US Sharpshooters Co H	<input type="radio"/> 7th VA Cavalry Co A (mounted)	<input type="radio"/> Hardaway's Alabama Battery	<input type="radio"/> Townsfolk
<input type="radio"/> Pinkerton Detectives	<input type="radio"/> 7th VA Cavalry Co D (dismounted)	<input type="radio"/> 4th US Artillery	<input type="radio"/> Medical Corp
			<input type="radio"/> Sutler

Do you have a physical or medical condition restricting your activities:  Yes  No

If yes, please describe: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_  
**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_  
 "I, \_\_\_\_\_, Parent/Guardian of the above named minor, have read and understood the above statements and do hereby give permission for him/her to participate in all aspects of re-enactment activities."  
**FOR MINOR APPLICANTS - MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN**

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**2010 Comstock Civil War Reenactors**

**Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_ **Member #:** \_\_\_\_\_

**REVISED INTER-ORGANIZATION ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT  
REENACTING IS DANGEROUS, AND IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN REENACTING  
EVENTS ALL PARTICIPANTS AND PARENTS OF MINORS MUST INITIAL AND SIGN THIS AGREEMENT**

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 reenacting event, cardiac conditions, falls, or contact with animals.

1. 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** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER**

2. RELEASE: I/we, on behalf of myself/ourselves and any party claiming an interest through me/us (including but limited to, heirs, spouses, parents, children and beneficiaries), voluntarily RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE, the American Civil War Association, the California Historical Artillery Society, the Civil War Reenactment Society, the National Civil War Association, the Comstock Civil War Reenactors, the American Civil War Society, the War Between The States Historical Association or the Reenactors of the American Civil War; the trustees of, officers of, agents of, employees of, 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** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER**

3. 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** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER**

4. SEPERATION OF RELEASES: I/we agree that this ASSUMPTION OF THE RISK, RELEASE 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** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER**

5. BREADTH: It is the intent of the undersigned that this ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT shall be as broad and inclusive as is permitted by California Law. If any clause, subclause or portion of any sentence is held invalid, I/we agree that the balance shall continue in full force and effect.

**INITIAL HERE** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER**

6. MEDICAL CONSENT/RULES: I/we consent to whatever medical care might be provided or available to me/us for any injury occurring during my/our participation in reenacting activities or events. I/we further agree to be bound by, and abide by, the rules of the "released parties" while participating in any event or activity sponsored by, or affiliated with them.

**INITIAL HERE** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER**

7. WARRANTY: I/we have read and understood this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT and all its terms. I/we warrant that no representations, statements or promises have been made to me/us to induce me/us to execute this agreement and that I/we do so voluntarily.

**INITIAL HERE** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER**

**SIGNATURE OF APPLICANT:**

Print Name: \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN OF MINOR:**

I, the undersigned, warrant that I am the parent or legal guardian of the minor child for whom the 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: \_\_\_\_\_  
**Signature of Parent of Legal Guardian of Minor:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_