

# 2019 American Civil War Association Membership Application

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

**Circle One Brigade/Corps:**

Civilian	Confederate	Union
<b><u>Circle One Unit:</u></b>		
Townsperson	1st SCSS 2nd MS Cav.	28 <sup>th</sup> Mass Inf. 2 <sup>nd</sup> U.S.S
Craftsman	2nd SC Inf. 4th NC Inf.	2nd US Art. 2nd WI Inf.
Sutler	7th VA Inf. 14th TN Inf. 43rd VA Cav.	5th N.Y Zouaves 69th N.Y. Inf. 7th MI Cav.
	CS Marines Inf./Art. Hardaway's Art. RFA Staunton Art.	20th ME Inf. 1st Minn Inf. 6th U.S. Inf.

**ACWA Administrative Use**

Card #: 19- \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Membership Type:**

New: \_\_\_\_\_ | Renew: \_\_\_\_\_

Guest: \_\_\_\_\_

**Payment Type:**

Cash: \$ \_\_\_\_\_ | Check #: \_\_\_\_\_

Under 14: \_\_\_\_\_ Under 18: \_\_\_\_\_

**PACWR Safety Tests**

General \_\_\_\_\_ | Equine \_\_\_\_\_

**2019 Membership Dues (Circle One)**

Visitor Combatant—1st Time Free

Visitor Non-Combatant—1st Time Free

Student w/ ID—\$20

Single (1 Person) - \$40

Couple (2 People) - \$45

Family (Household) - \$50

**Visitor—Event Location & Date:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please do not send cash in the mail. We**

**apologize for the inconvenience.**

Guild—\$50 | Sutler—\$50

**Mail Application To:**

ACWA

P.O. Box 324

Roseville, CA 95661

**Member Information (Print Clearly):**

Are you trained in First Aid/CPR/AED? **YES/NO Initial:** \_\_\_\_\_

Have you ever been convicted of a felony? **YES/NO Initial:** \_\_\_\_\_

Are you available to speak at schools about the Civil War anytime from 7am-3pm? **YES/NO Initial:** \_\_\_\_\_ Do you

want to be on the ACWA email list for important updates? **YES/NO Initial:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ Medical

Information: Please list any & all allergies, handicaps, MEDIC ALERT status, etc. that may impact your ability to participate: \_\_\_\_\_

I acknowledge that I am fully aware of the nature and purpose of the activities of the American Civil War Association (ACWA). I understand that these activities are potentially dangerous, and I voluntarily accept any risks involved. I understand that I may be given a copy of the ACWA by-laws and I agree to be bound by the rules and policies contained therein, whether or not I have been given or read them. I agree to obey the directions of the governing ACWA official and their agents at events.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**BOTH PAGES OF THIS FORM MUST BE FILLED OUT AND SIGNED BY ALL MEMBERS. PLEASE COMPLETE ONE FORM PER PERSON.**

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Organization: \_\_\_\_\_

**REVISED INTER-ORGANIZATION ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

**REENACTING IS DANGEROUS, AND IN CONSIDERATION OF OR 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 of **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 events, 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 (ACWA), the Battle Born Civil War Reenactors (BBCWR), the California Historical Artillery Society (CHAS), the Civil War Reenactment Society (CWRS), the Comstock Civil War Reenactors (CCWR), the National Civil War Association (NCWA), the Nevada Civil War Volunteers (NCWV), or the Reenactors of the American Civil War (RACW); 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 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:** \_\_\_\_\_
8. **GOVERNING LAW:** This agreement shall be interpreted in accordance with, and governed in all respects by, the laws of the State of California.  
**INITIAL HERE:** \_\_\_\_\_ **INITIAL OF MINOR IF 12 OR OVER:** \_\_\_\_\_

**Applicant**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_