

2025 American Civil War Association Membership Application (1 app per person)

Please fill out ALL Sections of this form:

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ State: _____ Zip: _____ DOB: ____/____/____
 Email Address: _____

Circle One Brigade/Corps: **(Must Choose 1)**

a. Civilian-Townsperson b. Confederate c. Union

Circle One Unit

Camp Follower (camps in military Camp but not Military)	1st SCSS	28th Mass Inf.
	2nd SC Inf.	2nd US Art.
	4th N C Inf.	2nd WI Inf.
	7th VA Inf.	5th NY Zouaves
	11th VA Inf.	69th NY Inf.
	14th TN Inf.	7th MI Cav.
	43rd VA Cav.	20ME Inf.
	CS Marines	1st MN Inf.
	Inf./Art.	
	Hardaway's Art	
	RFA	
	Staunton Art.	

ACWA Administrative Use	
Card#: 25 _____	
Amount: \$ _____	
Membership Type:	
New: _____	Renew: _____
Guest: _____	
Payment Type:	
Cash: \$ _____	Check #: _____
Under 14: _____	Under 18: _____
PACWR Safety Tests	
General _____	Equine _____

Mail Application To:
Michael Hearty
Treasurer P.O. Box 2437
Sebastopol, CA 95472

2025 Membership Dues (Circle One)	
Visitor Combatant -1st Time Free	Couple \$51.49
(Non-members) Event Pass \$10.69	Family \$56.59
Student w/ ID \$25.99	
Single \$46.39	Safety Test Required for all memberships

Visitor-Event Location & Date:

 ____/____/____

Member Information (Print Clearly): Circle Choice and Initial

Are you trained in First Aid/CPR/AED? YES/NO Initial: _____

Have you ever been convicted of a Felony? YES/NO Initial _____

Emergency Contact Name: _____ Phone: _____
Medical Information: Please list and & 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: ____/____/____

Name: _____ Unit _____

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, 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, 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 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, sub clause 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.

I 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.

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/Legal Guardian of Minor: _____ Date _____ / _____ / _____