

COMSTOCK CIVIL WAR REENACTORS

Membership Application 20_____

(Please print)

Name: _____

Mailing Address: _____ City: _____ State: _____

ZIP: _____ Phone: _____ E-Mail: _____

May we add you to the CCWR e-mail list for important updates? Yes No ~ Initials _____

Membership Options:

Individual Membership\$25.00*

Couple Membership\$30.00*

Single Day Event per person/ONE TIME ONLY \$10.00*

(Fee can be applied to Annual Membership Fee)

Single Event Location and Date:

_____/_____/_____

Weekend Event per person/ONE TIME ONLY \$20.00*

(Fee can be applied to Annual Membership Fee)

Weekend Event Location and Date:

_____/_____/_____

Family Membership\$40.00*

List all family members starting with head of household:

NOTE: Every member and participant (including minors) must complete and sign both pages of this application

FOR MINOR APPLICANTS ~ MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN: "I, _____"

Parent/Guardian of the above-named minor, have read and understand the above statements and do hereby give permission for him/her to participate in all aspects of re-enactment activities." NOTE: NO PERSON UNDER 14 YEARS OF AGE is permitted on the battlefield! For details, see WWW.PACWR.NET/SAFETY/PACIFICAREACIVILWARREACTOR/SAFETYRULES

Parent/Guardian: _____ Date: ____/____/_____

CCWR Admin.

Membership Type:

- New
- Renewal
- Guest/Single Event

Payment: \$_____00

- Cash
- Card # _____
- Check # _____

CCWR SIGNATURE:
Brigade/Battalion
Commander:

Unit Commander:

Received:

____/____/_____

Card Sent:

____/____/_____

Membership/Secretary:

**Please make
check or
Money Order
out to CCWR**

MEMBERSHIP #

*Costuming/Arms rental available, additional cost per event

Brigade Affiliation (Select one)

(For additional information see CCWR.US pages or contact Membership per "Board" page)

UNION STATES

- 2ND US Infantry Co. C
- 20th Maine
- 69th New York
- Pinkerton Detective
- Berdan Company

CONFEDERATE STATES

- 4th Virginia Infantry Co A
- 7th Virginia Cavalry Co A-mounted
- 7th Virginia Cavalry Co D-dismounted

ARTILLERY

- Hardaway's Alabama Battalion
- 4th US Artillery

CIVILIAN

- CSA Refugee
- Townsfolk
- Medical Corps
- Sutler
- Soiled Dove

APPLICANT SIGNATURE: _____



MAIL COMPLETED FORM TO:
CCWR Membership
1575 Plumas St.
Reno, NV 89509



Name: _____ Organization: _____ Member #: _____

REVISED INTER-ORGANIZATION ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT
 REENACTING IS DANGEROUS, AND IN CONSIDERATION OFOR 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.
2. **INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER**
 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.
3. **INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER**
 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.
4. **INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER**
 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.
5. **INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER**
 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/Legal Guardian of Minor: _____

Date: _____ / _____ / _____

NOTE: Every member and participant (including minors) must complete and sign both pages of this application.