

2010 American Civil War Association Membership Application

Name: _____ Home Phone _____

Address: _____ Work Phone _____

City: _____ State: _____ Zip: _____ Cell Phone _____

Birth Date: ____/____/____ Email: _____

Please circle one Brigade/Corp:

Civilian: _____ Confederate: _____ Union: _____

Please Circle one Unit:

Townsperson	7 th Virginia Infantry	79 th New York Infantry
	1 st Virginia Inf. & Art.	2 nd US Artillery
Craftsman	Richmond Fayette Art.	114 th Pennsylvania Infantry
	2 nd S. Carolina Infantry	2 nd Maryland Infantry
Sutler	43 rd Virginia Cavalry	24 th Michigan Infantry
	CS Marines, Co. B	5 th US New York Artillery
		69 th New York Infantry
		2 nd Wisconsin Infantry

ACWA administrative Use

Card # 10- _____

Amount \$ _____

Membership type:

New _____

Renewal _____

Guest _____

Supporting Member _____

Payment type:

Cash \$ _____ Check # _____

2010 Membership Fees		Student w/ID \$20	
Visitor Combatant	\$15	Single	\$40
Visitor Non-Combatant	\$5	Couple	\$45
Supporting, Courier Only	\$20	Family	\$50
Note: Visitor and Supporting fees are applied toward dues.		Sutler	\$50
		Guild	\$50

Visitor – Event Location and Date:

Mail Application to:

ACWA

P.O. Box 1652

Tracy, CA 95378

Member information (please print clearly):

Are you trained in CPR? Yes/No

Do you want to be on the ACWA email list for important updates? Yes/No initials _____

Emergency Contact Name: _____ Phone: _____

The ACWA has a group of members who are available Monday through Friday 7am-3pm to speak at schools and other groups interested in the American Civil war. If you say, “yes,” would you be reachable by phone or email for scheduling? Yes/No

Medical information: Please list all allergies, handicaps, MEDIC ALERT status or other medical information which might impact your ability to participate as a member of the ACWA. _____

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.

Have you ever been convicted of a felony? Yes/No initials _____

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____

The reverse side of this form must be filled out by every member of the ACWA and **SIGNED**
Please complete **ONE FORM PER PERSON**

Name: _____ Member Number: _____ Organization: _____

REVISED INTER-ORGANIZATIONAL ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT (AUGUST 2007)

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

1. **ASSUMPTION OF RISK:** With full knowledge and appreciation of the 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 **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. **SEPARATION OF RELEASEES:** 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 THE 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 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 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 the 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 this ASSUMPTION OF THE RISK, RELEASE AND IDEMNIFICATION 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 or: _____ Date: ____/____/____
Legal Guardian of Minor