

The 9th Virginia Regiment of Cavalry

20__ Membership Application Form

Please renew two weeks before the first event so that we can get your name on the registration list. If your name isn't on the registration list, you'll have to "pay to play"(\$10 per person).

Dues are \$20/individual or \$30/household per year. A household consists of any adults and minors living at the same address. Do not include individuals residing with you who are not re-enactors; all those you list should be involved in 9th Virginia Cavalry activities. Indicate each member's declared impression (mounted, dismounted or civilian).

MEMBER 1 (adult): _____ Impression: _____

MEMBER 2 (adult): _____ Impression: _____

MEMBER 3: _____ Impression: _____

MEMBER 4: _____ Impression: _____

MEMBER 5: _____ Impression: _____

MEMBER 6: _____ Impression: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE & E-MAIL: _____

Adults must sign for themselves and parents for their minor children.

I acknowledge that I am fully aware of the nature and purpose of the activities of the 9th Virginia Regiment of Cavalry. I understand that these activities are potentially dangerous and I voluntarily accept any risks involved. I will be given a copy of the safety rules and by-laws and I agree to read and be bound by the rules and policies contained therein. I agree to obey the direction of the governing officials of the 9th Virginia Regiment of Cavalry.

_____ signed _____ date

_____ signed _____ date

_____ signed _____ date

_____ signed _____ date

DON'T FORGET TO FILL OUT BACK OF FORM AND INITIAL!

GENERAL RELEASE OF LIABILITY

EQUINE ACTIVITIES AND RE-ENACTING ARE INHERENTLY DANGEROUS; THEREFORE, WE REQUIRE ALL PARTICIPATING ADULTS AND PARENTS/LEGAL GUARDIANS OF MINORS WHO ARE PARTICIPATING IN THE ORGANIZATION TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE OF LIABILITY. Minors can not waive their rights; parents, or legal guardians, must assume the risk of permitting their children to participate. Minors who sign below are stating that they understand and have read the paragraph. Adults who sign below are agreeing to take full responsibility for what may befall them in the hobby of re-enacting with the 9th Virginia Regiment of Cavalry and the Northwest Civil War Council.

I acknowledge that equine activities, black powder shooting, use of the sabre and re-enacting in general are HAZARDOUS activities and that I have made a voluntary choice to participate in those activities despite the risks that may be present. I acknowledge that I assume ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with, or as a result of, my participation in any 9th VA or NCWC sponsored event or training session.

INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____

I further release, waive and discharge the 9th VA, the NCWC or any horse owners or landowners of any property on which the events and trainings are conducted from liability to myself, or any property damages or demand thereof on account of injury to the person or property or death of myself or for any other reason while preparing for, practicing for, traveling to or from participating in any 9th VA or NCWC sponsored event.

INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____

I further INDEMNIFY AND HOLD HARMLESS the parties released above and each of them from loss, liability, damage or claim they may incur due to the presence of my actions during 9th VA activities.

INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____

It is the intent of the undersigned and the 9th VA that this release to be as broad and inclusive as allowed by law and that if any portion is invalid then the remainder shall remain in full force and effect. This release is entered into solely for the benefit of the 9th VA, the NCWC and the horse owners, landowners and agents when activities are engaged in which promote participation in the 9th VA or NCWC sanctioned events or the preparation for or travel to such events and does not confer a release upon parties not acting in such capacity.

INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____ INITIAL HERE _____

I have read, understand and do agree with this release and all its terms. I warrant that the above is true and correct in all respects and that no oral representation, statements or inducements apart from the foregoing have been made. I consent to whatever medical care might be provided or available for injury occurring during the above activities.

Signed: _____ date: _____ Signed: _____ date: _____

Signed: _____ date: _____ Signed: _____ date: _____

As parent(s) or guardian(s) of _____ we have read, understand and do agree with this release and all its terms and give our permission for our minor child or children to participate in all 9th Virginia Regiment of Cavalry and Northwest Civil War Council activities and events.

Signed: _____ date: _____ Signed: _____ date: _____

THE ABOVE LIABILITY RELEASE MUST BE SIGNED BEFORE PARTICIPATION

Mail to: Roy McCormack, PO Box 20843, Keizer, OR 97307. Make checks payable to: 9th Va Cavalry

OFFICE USE:

Payment: check # _____ amount _____ cash _____ date: _____ Total: _____

Is household a member of NCWC? _____

This membership application has been reviewed and accepted by the 9th Virginia Cavalry:

DATE: _____ AUTHORIZED AGENT: _____