

NORTHWEST CIVIL WAR COUNCIL

Membership Application

(Please print)

Year: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Newsletter by Email? Y__ N__

GENERAL RELEASE OF LIABILITY

I am fully aware of the nature and purpose of the activities of the Northwest Civil War Council (NCWC). I agree to be bound by the bylaws, rules, and policies of the NCWC and to obey the direction of the governing officials at NCWC-sanctioned events. I acknowledge that reenacting, black powder shooting, and related activities are hazardous, and that I have made a voluntary choice to participate. I agree to assume any and all risks of injury or death that may result from my participation in NCWC events. I agree to release, waive, and discharge from all liability to myself or to any of my family members, and promise not to sue, the NCWC, its governing officials, its board of directors, or the owner or lessor of any property on which the NCWC conducts activity, whether caused by those parties' negligence or any other reason, for any injuries which may result from preparing for, practicing for, traveling to or from, or participating in any NCWC-sanctioned events. I agree to indemnify and hold harmless the parties released above and each of them from any loss, liability, damage, or claim they may incur due to my actions during NCWC events, whether caused by their negligence or otherwise. I understand that the NCWC's insurance protects the NCWC, not me. Accordingly, if I injure someone or cause property damage while participating in an NCWC event, the fact that the NCWC has insurance will not prevent the injured party from seeking compensation directly from me. It is my intent that this release be as broad and inclusive as allowed by law, and that if any portion is invalid the remainder shall continue in full force and effect. This release is entered into solely for NCWC-sanctioned events and does not confer a release upon any parties for their actions when not acting in furtherance thereof. I have read, understood, and freely agree to this release and all its terms.

Signature _____

Date _____

MUST BE COMPLETED IF PARTICIPANT IS A MINOR

I am the parent or guardian of the minor(s) under age 18 listed above. I give my permission for the minor(s) to join and participate in NCWC events. I agree with and hereby sign on behalf of myself and of the minor(s) the General Release of Liability above. I or the sponsor am 18 years of age or older and either I am, or the sponsor is, an active member of the NCWC. The minor(s) belongs in my or the sponsor's unit. I or the sponsor agree to attend every event the minor(s) attend and be responsible for the actions of the minor(s).

Parent or guardian's name (print) _____

Signature _____

Date _____

Emergency contact phones: Day _____ Night _____ Cell _____

I agree to sponsor the minor member listed above

SPONSOR Sponsor's name (print) _____
Signature _____ Date _____

UNIT The member listed above is accepted into the _____ unit.
Authorized Signature _____ Date _____

OFFICIAL USE ONLY Date received by NCWC membership _____ Date Minor's medical release received: _____
Single (\$20): _____ Household (\$40): _____ New: _____ Renewal: _____ Recorded on roster list: _____
Check: # _____ Amount: \$ _____
Name on Account: _____
Family Last Name: _____

COMMENTS