

69th New York Company K



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NEW__ RENEWAL__

MEMBERSHIP APPLICATION

Individual _____ Family _____

Dues for membership in the above company are determined on an annual basis by vote of the company, currently \$10 per individual, \$20 per family residing at the same address. You must also be a current member of the Northwest Civil War Council. As a new Member, you may be placed on a one year probationary period. A Voting member is recognized as any member 14 years of age or older.

NAME: _____	All other members at same address & emails
MAILING ADDRESS: _____	NAME: _____
	NAME: _____
CITY _____ STATE _____ ZIP _____	NAME: _____
PHONE _____ EMAIL _____	NAME: _____

GENERAL RELEASE OF LIABILITY

I am fully aware of the nature and purpose and activities of the 69th New York. I agree to read and to be bound by the bylaws rules and policies of the 69th New York and to obey the direction of the governing officials at 69th and 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 69th NY and 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 69th NY its governing officials, board of directors or the owner or lessor of any property on which the 69th NY 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 69th NY or 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 69th NY and NCWC events whether caused by their negligence or otherwise. I understand 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 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 69th NY and NCWC sanctioned events and does not confer a release upon any party for their actions when not acting in furtherance thereof. I have read, understood and fully agree to this release and all it's terms. I the undersigned have read and understood this release and all its terms.

NAME (PRINT)	DATE OF BIRTH	SIGNATURE	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents must sign for the release and participation of minor children

I am the parent or guardian of the minor(s) under the age of 18 listed above. I give my permission for the minor(s) to join and participate in 69th NY events. I agree with and hereby sign on behalf of the minor(s) and myself the General Release of liability above. I or the sponsor am 18 years of age or older and wither am or the sponsor is and active member of the 69th New York and 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 action of the minor(s).

PARENTS NAME: _____	SIGNATURE _____	DATE _____
EMERGENCY CONTACT _____		
DAY PHONE :(____) _____	EVENING :(____) _____	CELL (____) _____
I agree to sponsor the minor member(s) listed above:		
SPONSOR NAME: _____	SIGNATURE _____	DATE _____

UNIT REPRESENTATIVES

CLUB CHAIR _____	DATE _____
MILITARY COMMANDER/ CIVILIAN COORDINATOR _____	DATE _____
AMOUNT PAID _____	DATE _____ CHECK/CASH _____