

CIVIL WAR RE-ENACTMENT AND LIVING HISTORY WAIVER

Please complete ALL items that pertain to you and print legibly. Thank you.

Date: _____ Unit: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact (Name): _____

Relationship: _____ Phone: _____

FOR MINORS ONLY

Age: _____ If under 18, parent/legal guardian signature required for all minors attending

Signature: _____ Parent or Guardian Please circle

I recognize that, because of the potentially hazardous nature of this activity, I may suffer Injury, death, and/or loss, damage to personal property. In the event of such an injury to a minor under my supervision or myself or if my designated emergency contact cannot be reached, I grant permission to an attending physician to render such treatment as would be normal and agree to pay usual and customary charges for such treatment.

My signature releases the sponsors, 5th Texas, Co. E, U.S.S. Michigan Marine Guard, State of Michigan Department of Museums and Historical Walker Tavern, its employees and assigns, from or having a relation to my participation, or the participation of a minor in my care, in this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors, and administrators. I understand that participants may be photographed/videotaped during this activity and such film/prints may be used for non-commercial publication.

I have read this release and agree to its terms. I sign it voluntarily and with full knowledge of its significance.

X _____ Date: _____