

Utah Civil War Membership Application

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Age: _____

New Member? Yes No

Please join the yahoo group ucwa_newsletter or contact our recruit officer (recruiting@utcwa.org) to receive emails about upcoming event.

For Minor Applicants

"I, _____, the Parent/Guardian of the above named minor, have read and understood the above statements and do hereby give permission for him/her to participate in all aspects of reenactment activities."

Signed _____ Date _____ Phone (_____)

Legal relationship to minor: _____

Membership Fee

Individual: \$15.00 Family: \$20.00

For UCWA Office Use Only

Date Received: _____

Amount Received: _____

Command Council Approval: _____

General Release of Liability and Agreement Not to Sue

Reenacting is dangerous, and the Utah Civil War Association, hereinafter referred to as UCWA, requires all participants and or parents of minor participants to assume all risk by signing a general release and agreement not to sue:

I acknowledge that reenacting, black powder shooting, and related activities are hazardous activities and that I have made a voluntary choice to participate in those activities, despite the risks that they may present. In consideration of my being permitted to participate in the activities of the UCWA, I agree to assume ANY AND ALL RISKS OF INJURY AND DEATH which might be associated with or result from my participation in UCWA events or activities. Such risks of injury or death may be caused in whole or in part by: burns; cuts; terrain conditions; heat prostration and related conditions; gun powder explosions; impacts from debris, accoutrements, vehicles and/or weaponry; the failure to follow command orders, and rules and regulations of the UCWA, rescue efforts, or medical attention provided by anyone connected with the UCWA; cardiac conditions; falls; or contact with animals. (NOTE: this is not a list of all hazardous activities related to civil war reenacting and black powder shooting. Accordingly, even if injury or death is caused by some risk or hazard not listed above, I still agree to assume any and all risk of injury and death which might be associated with or result from my participation in UCWA events and activities.)

Initial Here _____

I further release, waive, discharge, and covenant not to sue the UCWA, the organizers of any UCWA event, the trustees of, officers of, agents of, or members of the UCWA, or any owner or lessor of any property on which the UCWA conducts any activity from all liability myself, or any party claiming an interest through myself, for all loss or damage or demand therefore on account of injury to the person or property or death of myself, whether caused by their negligence or for any other reason, while preparing for, practicing for, traveling to or from, or participating in any UCWA event.

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 the UCWA activities whether caused by their negligence or otherwise.

Initial Here _____

It is the intent of the undersigned that the above Release be as broad and inclusive as allowed by law, and that if any portion be invalid, the remainder shall continue in full force and effect. This Release is entered into solely for the benefit of the UCWA, its officers, trustees, agents, affiliations, and members when engaged in activities which promote the participation in the UCWA sanctioned activities, or the preparation for or travel to such activities, and does not confer a Release upon parties not acting in such a capacity.

Initial Here _____

I, the undersigned, have read and understood this Release and all its terms. I warrant that the above is true and correct in all respects and that no representations, 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.

Printed Name: _____
Date: _____

Signature: _____