

Washington Civil War Association
Minor Membership Application Form
(For minors ages 17 and under)

All minors must have a completed application on file with the WCWA

<input type="checkbox"/> Renewal or <input type="checkbox"/> New Member	Parent/Guardian's Name: _____	Parent's Affiliation <input type="checkbox"/> Union <input type="checkbox"/> Confederate
	Parent/Guardian's Unit: _____	

Minor's Name: _____	Current Age: _____
Address: _____	Birth date: _____
City: _____ State: _____ Zip Code: _____	Home Phone: _____

Union or Confederate
 Military Persona
 or Civilian Persona

Unit Requested: _____

Sutler Name of Establishment: _____
 Type of Sutlery: _____

Medical History: For all minors, please list any medical information that your unit commander should be aware of in case of an emergency. _____

Person to contact in case of emergency _____

Relationship to minor _____ Phone # _____

For my child, I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Washington Civil War Association (WCWA). I understand that these activities are potentially dangerous, and I voluntarily accept any risks involved. I agree to be bound by the rules and policies of the WCWA, and to obey the direction of the governing officials at WCWA events.

Signature of Parent/Legal Guardian: _____ Date: _____

Choose One

I will access The Dispatch from the WCWA web site www.wcwa.net
 I want to receive The Dispatch by regular mail
 (The Dispatch is a monthly news journal published by the WCWA)

For WCWA Official Use

Unit Assigned to _____ Date: _____

Accepted by WCWA Unit Commander _____ WCWA Dues Paid _____ Date: _____

Received by WCWA Treasurer _____ Date: _____

WCWA Dues Received: Individual \$25 Family \$40 Paid under _____

Submit completed application through Unit Company Commander. OVER

Washington Civil War Association
MINOR'S GENERAL RELEASE OF LIABILITY

Since reenacting is dangerous, we require all participants and legal guardians to assume all risk by signing this General Release of Liability.

I acknowledge that reenacting, black powder shooting and related activities are **HAZARDOUS** activities, and that I have made a voluntary, choice to allow my minor child to participate In those activities despite the risks that they may present. In consideration of my minor child being permitted to participate in the WCWA activities described above, I agree to assume **ANY AND ALL RISKS OF INJURY OR DEATH** which might be associated with or result from my participation in WCWA events.

Parent / Guardian Initial here: _____

I further Release, Waive, Discharge and Covenant not to sue the WCWA, the organizers of any WCWA event, the trustees of, officers of, agents of, employers of or members of the WCWA, or the owner or lessor of any property on which the WCWA conducts any activity from all liability to my child, myself, or any other 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 my child whether caused by their **NEGLIGENCE** or for any other reason, while preparing for, practicing for, traveling to or from participating In any WCWA event.

Parent / Guardian 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 WCWA activities whether caused by their negligence or otherwise.

Parent / Guardian 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 is invalid, the remainder shall continue in full force and effect. The release is entered into solely for the benefit of the WCWA, its officers, trustees, agents and members when engaged in activities which promote the participation In WCWA sanctioned events, or the preparation for or travel to and from such events and does not confer a Release upon parties not acting in such capacity.

Parent / Guardian 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 oral representatives, statements or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child whose name appears below and warrant and represent that I am empowered to execute this release on their behalf. I consent to whatever medical care might be provided or available for injury occurring during the above activities. I authorize any officer of the Administrative Board of the WCWA to consent, to authorize, or contract for medical treatment for the below minor required as the result of illness or injury which occurs during the participation in or while traveling to or from any WCWA activity if I am unable to consent there to.

Signed by Parent/ Guardian: _____ Date: _____

Print Parent / Guardian name: _____

Name of Minor: _____ Date of Birth _____

Submit completed application through your company Commander.