

# 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***Please Print Clearly*

Minor's Name: _____  Address: _____  City: _____ State: _____ Zip Code: _____	Current Age: _____  Birth date: _____  Home Phone: _____
<div style="display: flex; justify-content: space-around;"> <div> <b>Choose One</b>  <input type="checkbox"/> Union    or    <input type="checkbox"/> Confederate         </div> <div> <b>Choose One</b>  <input type="checkbox"/> Military Persona    or    <input type="checkbox"/> Civilian Persona         </div> </div>	

Unit Requested: \_\_\_\_\_

**Parental Consent and Delegation of Supervision**

I, the undersigned parent or legal guardian, hereby give my consent for my minor child to participate in WCWA events. I further designate and authorize the below listed person to supervise, be in charge of, and make reasonable decisions on behalf of my minor during WCWA activities, subject to WCWA rules and policies.

**Authorized Responsible Adult:** \_\_\_\_\_

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.

WCWA Dues

 Individual  
 Minor \$10

Family \$45 Paid under \_\_\_\_\_

A "family" is up to 2 adults and their dependent children. "Dependent" is defined as any child under the age of 19, and includes children 19 & over who are full time students and are 50% or more financially dependent on the/a parent(s).

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_*For WCWA Official Use:*

Unit Assigned to: _____	Date: _____
Accepted by WCWA Unit Commander: _____	Date: _____
WCWA Dues Paid: _____	Date: _____
Received by WCWA Treasurer _____	Date: _____
WCWA Dues Received: <input type="checkbox"/> Individual \$25 <input type="checkbox"/> Family \$40 Check# _____ Date: _____	

This application must be submitted to the WCWA Treasurer before you may participate in any WCWA event.  
**Please mail all forms and checks to Washington Civil War Association P.O. Box 1093 Priest River ID 83856**

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**

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