

Membership Application for Adult

Membership expires Dec. 31st.

Washington Civil War Association
Adult Membership Application – PLEASE PRINT
(Ages 18 and over)

Each individual family member must complete a WCWA application.

Name:	Birth date:
Address:	Home Phone:
City:	
State:	Zip Code:
	E-Mail Address:

☐ **Individual Membership \$25.00/yr or** ☐ **Family Membership \$ 40.00 / yr.**

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 parent(s).

Name of Family Member actually Paying the dues _____

Relationship to Paying Member: Spouse _____ Child _____ Other _____

Make checks Payable to Washington Civil War Association

Choose One

Choose One

☐ **Union** or ☐ **Confederate**

☐ **Military Persona** or ☐ **Civilian Persona**

Unit Requested: _____

(Name of Military or Civilian Unit you signed up with)

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 risk 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 Applicant _____ **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

(Ages 18 and over)

ADULT GENERAL RELEASE OF LIABILITY

(Sign and or initial this form in all areas initials or signature are requested)

Since reenacting is dangerous, we require all participants 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 participate in those activities despite the risks that they may present. In consideration of my being permitted to participate in the WCWA activities described above, I agree to assume **ANY AND ALL RISKS OF INJURY OF DEATH**, which might be associated with or result from my participation in WCWA events.

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 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 myself whether caused by their **NEGLIGENCE** or for any other reason, while preparing for, practicing for traveling to or from participating in any WCWA 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 WCWA 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 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.

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 consent to whatever medical care might be provided or available for *injury* occurring during the above activities.

Signed by: _____ Date: _____

Print name: _____

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