



Washington Civil War Association PAY-TO-PLAY

One Application Per person

Event: _____

Name: _____	Birth date: _____
Phone: _____	E-Mail Address: _____
Have you ever reenacted before? <input type="checkbox"/> Yes: Pay \$15 or <input type="checkbox"/> No: One time only FREE!	

Make checks Payable to WCWA

Choose One

Union or **Confederate**

Choose One

Military Persona or **Civilian Persona**

GENERAL RELEASE OF LIABILITY

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 OR DEATH, which might be associated with or result from my participation in WCWA events. 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 interest through myself for all loss or damage or demand therefore on account of injury to the person or 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. 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 my actions during WCWA activities whether caused by their negligence or otherwise. 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; as well as event landowners and lessors; 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. I further acknowledge and accept the possibility that my photograph may be taken by members and general public and that said photos or videos can be made part of the public domain. 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.

Sign	Date
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If this release is for a minor- Parent or Guardian must sign for minor below. For the above named minor, 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.

Name	Sign	Date
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For WCWA Official Use:

Submit completed application through your company Commander

Unit Assigned to: _____ (Does not count towards unit Numbers)

As Unit Commander, It is my responsibility to teach, practice, drill and test and or certify that this New member is proficient and safe, in whatever Branch safety rules apply according to the WCWA Bylaws: Section N-Safety Rules To the best of my ability, New members equipment is safe and uniform is as complete as possible.

Accepted by WCWA Unit Commander: (sign) _____ (print) _____

Application and money given to Membership Chair or other Exec board member: Date: _____

Received by WCWA Treasurer _____ Date: _____