

# Washington Civil War Association

## ADULT (AGE 18 AND OLDER) MEMBERSHIP APPLICATION FORM

For membership year January 1-December 31, 202\_\_ (fill in Year) PLEASE PRINT LEGIBLY

Name (First, Last):	Date of Birth:
Mailing Address:	Phone Number:
City; State or Province; ZIP or Postal Code:	E-Mail Address (Optional):

**A new member is anyone joining for the first time or a returning former member who did not register or participate in any event in the prior year.** Memberships paid prior to January of the new year will be counted for the new year IF a member or family has not participated in any events prior to September 1 of the preceding year.

Check applicable box below.

<input type="checkbox"/> Individual Adult <b>NEW</b> Member, \$20	<input type="checkbox"/> Adult Member of a <b>NEW</b> Family plan. (See definition below.) Family \$35, dues are paid by (name):
<input type="checkbox"/> Individual Adult <b>RENEWING</b> Member: Dues paid Sept 1 of prior year thru Mar. 31 are \$20 Dues paid after Mar. 31 are \$30.	<input type="checkbox"/> Adult Member of a <b>RENEWING</b> Family plan. (See definition below.) Dues paid Sept 1 of prior year thru Mar. 31 are \$35 Dues paid after Mar. 31 are \$45. Dues are paid by (name):

### Family Membership Definitions and Requirements

"Family": 1-2 adults and their dependent children. **The two adults must share a common residence and be married or registered domestic partners.**

"Dependent": **Any child under age 18 or any child age 18 through age 25, that is a full time student AND is 50% or more financially dependent on the parent(s)/guardian(s).**

Separate Membership forms and Liability Release forms **MUST** be completed for ALL family members, regardless of age.

Use the Minor Membership Application Form for children age birth through age 17.

### WCWA Unit Affiliation Information

Check one of the following two boxes, as applicable, for the unit selected below.

<input type="checkbox"/> Union	<input type="checkbox"/> Confederate
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Check one of the following two boxes for your primary impression, as applicable, for the unit.

<input type="checkbox"/> Military	<input type="checkbox"/> Civilian
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**Name of WCWA Unit that Applicant is Requesting to Join:**

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 Signed by Applicant: \_\_\_\_\_

Member Applicant: Forward this form, with the above information and the Adult General Release of Liability, to the WCWA Treasurer or Membership Coordinator. **INCORRECT OR INCOMPLETE FORMS OR FORMS WITH INSUFFICIENT PAYMENT WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE MEMBER.**

### FOLLOWING BLOCKS TO BE COMPLETED BY WCWA TREASURER AND/OR MEMBERSHIP COORDINATOR.

WCWA Dues Paid:	Check Number:
Received by WCWA Treasurer/Membership Coordinator:	Date:

**Washington Civil War Association  
Adult General Release of Liability (Ages 18 and Over)**

Please initial this form in all areas as noted, and sign at the bottom.

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.

**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 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; as well as event landowners and lessors; when engaged in activities which promote the participation in WCWA 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 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.

**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: \_\_\_\_\_

**THIS IS A LIABILITY RELEASE**

**Submit completed application and dues to the WCWA Treasurer or Membership Coordinator.**