

2020 – 2021 WASHINGTON ARTILLERY MEMBERSHIP APPLICATION

**Individual (Over 17) \$40___, Family (member, spouse & children under18) \$45___
Associate \$15___**

Print name	Print Spouse name
Street	City/Zip
Phone	E-mail
Cell for emergency contact:	OK to list cell phone in roster: Yes No

List dependent children (17 years and under) date of birth and age

Since re-enacting is dangerous, all participants and parents of participants assume all risks by signing this General Release.

1. I acknowledge that re-enacting, 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 they may present. In consideration of my being permitted to participate in activities described at this function, I agree to assume ANY AND ALL RISKS OF INJURY OR DEATH which may be associated with, or result from, my participation in the events and activities.
2. I further **Release, Waive, Discharge and covenant not to sue** The Washington Artillery Reenactor Group, (hereafter referred to as the “ Group”) the trustees of, officers of, agents of, employees of, members of, or any other event organizer, owner or lessor of any property on which Group events are conducted, from all liability for myself, or any party claiming an interest through myself, whether caused by their negligence or for any other reason, while preparing for, practicing for, traveling to and from, or participating in Group activities.
3. 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 this activity whether caused by their negligence or otherwise.
4. It is the intent of the undersigned that the above release be as broad as allowed by law, and that if any portion is invalid, the remainder shall continue in full force and effect. This release is entered into solely for the benefit of the Group, its officers, trustees, agents, members and others mentioned above when engaged in activities, which promote the participation in group activities or the preparation for or travel to such an activity, and does not confer a release upon parties not acting in such a capacity.
5. I understand that this release applies to all parties, including dependent minors, listed and that all participants in my family in the Group are listed.
6. I hereby declare **under the penalty of perjury** of the laws of the State of California that the birthdates of the dependent minor children listed in this application are true and correct.
7. I, the undersigned, by my signature below certify, that I have read and understand this release and all its terms and warrant that the above is true and correct in all respects and that no representations, 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 for my minor children and myself.

Member:	Spouse:	Date:
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