



REGISTRATION AND WAIVER

MENOMONEE FALLS HISTORICAL SOCIETY

WW-2 **Civil War** **Event Date** _____
Circle Choice

Please complete the following information PRINTING CLEARLY:

Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

email: _____ vehicle _____ license _____

Emergency Contact _____ Phone (____) _____

Re-enactor Group/Unit _____

I, the undersigned, understand that by signing this form I relieve and indemnify the MENOMONEE FALLS HISTORICAL SOCIETY (MFHS) and OLD FALLS VILLAGE (OFV), its officers, agents, sponsors and permitted assigns, from and in all respect to my (my child's) direct or indirect liabilities, claims, damages, losses, or injuries, and to indemnify the MFHS/OFV against attorney's fees arising from any action brought against the MFHS/OFV, et al, as a result of my or my child's participation in the Old Falls Village Event, on the above date, or any misrepresentation or non-fulfillment, except to the extent that said liabilities, claims, damages, losses or injuries are a result of the will full acts of the MFHS/OFV, et al. I understand that the MFHS Event Coordinator(s) reserve the right to deny participation to any individual who does not meet authenticity and/or safety standards or who do not comply with issued verbal instructions.

I also hereby grant full permission without compensation to any and all the foregoing to use any photographs, video tapes, motion picture recordings and any other record of this event for any legitimate purpose

(EACH adult listed on form must sign) (List minor children below)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

List minor children accompanying you

Please write the name of your re-enactor group on the parking index card and place it on the driver's side of your dashboard.