



CIVIL WAR ENCAMPMENT

SPONSORED BY THE MENOMONEE FALLS HISTORICAL SOCIETY
JULY 18 & 19, 2020

RE-ENACTOR REGISTRATION AND WAIVER

Please complete the following information and remember to **PRINT CLEARLY**:

Name _____

Address _____

City/State/Zip _____

Telephone Number () _____

UNIT: _____ E-MAIL: _____

I will be attending: Saturday Sunday Both Sat/Sun

I will be portraying a: Soldier Civilian Sutler Other _____

Emergency Contact _____ Phone () _____

PLEASE COMPLETE IF YOUR VEHICLE WILL BE PARKED ON SITE:

Year/Model/Color _____ License Plate _____

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.

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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 Civil War Encampment event, July 18th & 19th, 2020, 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 Civil War Encampment Co-Chairpersons 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.

PARTICIPANTS UNDER AGE 18 MUST ALSO HAVE THIS FORM SIGNED BY A PARENT OR GUARDIAN.

Signature _____ Date _____

(EACH adult listed on form must sign)

Parent/Guardian signature _____ Date _____