

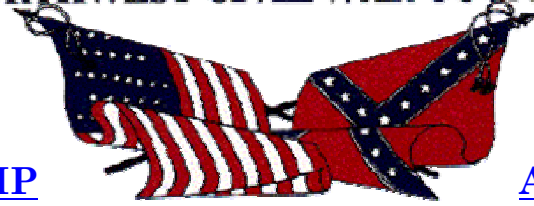
FAMILY MEMBERS LAST NAMES

NORTHWEST CIVIL WAR COUNCIL

FOR YEAR:

200

MEMBERSHIP



APPLICATION

RETURN THIS FORM TO YOUR UNIT COMMANDER POSTMARKED ON OR BEFORE JAN 31st
LATE FEE \$5 THEREAFTER. NO LATE FEE FOR NEW MEMBERS

Dues are \$15 single person and \$30 for a household. A household consists of all listed adults and minors living at the same address. If a household has more than one unit affiliation please use separate applications for each unit. Members 14 years of age or older may vote in NCWC elections. If no signature and birthdate appear on this form that member may not vote.

LIST ALL LAST NAMES IN HOUSEHOLD:

ADDRESS:

PHONE:

EMAIL:

Newsletter by email? yes no

GENERAL RELEASE OF LIABILITY

I am fully aware of the nature and purpose of the activities of the Northwest Civil War Council (NCWC). I agree to be bound by the bylaws, rules, and policies of the NCWC and to obey the direction of the governing officials at NCWC-sanctioned events. I acknowledge that reenacting, black powder shooting, and related activities are hazardous, and that I have made a voluntary choice to participate. I agree to assume any and all risks of injury or death that may result from my participation in NCWC events. I agree to release, waive, and discharge from all liability to myself or to any of my family members, and promise not to sue, the NCWC, its governing officials, its board of directors, or the owner or lessor of any property on which the NCWC conducts activity, whether caused by those parties' negligence or any other reason, for any injuries which may result from preparing for, practicing for, traveling to or from, or participating in any NCWC-sanctioned events. I agree to indemnify and hold harmless the parties released above and each of them from any loss, liability, damage, or claim they may incur due to my actions during NCWC events, whether caused by their negligence or otherwise. I understand that the NCWC's insurance protects the NCWC, not me. Accordingly, if I injure someone or cause property damage while participating in an NCWC event, the fact that the NCWC has insurance will not prevent the injured party from seeking compensation directly from me. It is my intent that this 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. This release is entered into solely for NCWC-sanctioned events and does not confer a release upon any parties for their actions when not acting in furtherance thereof. I have read, understood, and freely agree to this release and all its terms.

NAME (PRINT)	SIGNATURE	DATE OF BIRTH
NAME (PRINT)	SIGNATURE	DATE OF BIRTH
NAME (PRINT)	SIGNATURE	DATE OF BIRTH
NAME (PRINT)	SIGNATURE	DATE OF BIRTH

Parents must sign for participation of minors:

I am the parent or guardian of the minor(s) under age 18 listed above. I give my permission for the minor(s) to join and participate in NCWC events. I agree with and hereby sign on behalf of myself and of the minor(s) the General Release of Liability above. I or the sponsor am 18 years of age or older and either I am, or the sponsor is, an active member of the NCWC. The minor(s) belongs in my or the sponsor's unit. I or the sponsor agree to attend every event the minor(s) attend and be responsible for the actions of the minor(s).

Parent's name (print) _____ Signature _____ Date _____
Emergency contact phones: day _____ eve _____ cell _____

I agree to sponsor the minor members listed above:

Sponsor's name (print) _____ Signature _____ Date _____

The members listed above are accepted into the _____ unit.

Commander's Signature : _____ Date: _____

FOR OFFICIAL USE ONLY

Date received by NCWC membership _____

Single: ___ Household: ___ Recorded on roster list: ___

Date Minor's medical release received: _____

SPECIAL NOTES:

Revised Jan 2004

UNIT COMMANDER MUST FILL OUT:

CHECK: # _____ AMOUNT: \$ _____

NAME ON ACCT: _____

NEW: _____ RENEWAL: _____