

AMERICAN CIVIL WAR SOCIETY MEMBERSHIP APPLICATION

January 1, 2017-December 31, 2017

PLEASE NOTE: Incomplete forms will not be processed. Family members age 18 and over must submit their own application.

PAYMENT INFO (office use only):

Cash Check #

1. () New member () Renewal - Member since

2. Type of membership: single family (couples/parents/guardians and minor children)

3. Primary member (Membership #--Office use only)

a. Name Date of birth (mm-dd-yy)

Address: City & ZIP

Phone: () email:

b. Combatant USA CSA (circle one)

Name of Unit Commander

If you are a combatant minor, and your parents don't participate, who is your guardian at events?

Is guardian a combatant or civilian? (circle one)

c. Civilian USA CSA What kind of person do you portray?

4. ACWS board-approved impression (Actual historical personage, i.e. Lincoln, Grant, etc.)

5. Additional family members- Please complete for each household member over the age of 5 years who is going to participate. Attach an additional list for more members.

Table with 4 columns: Name (please print), Combatant/Civilian, DOB (mm-dd-yy), Membership # (office use only). Rows a-e.

6. AGREEMENT TO RULES AND REGULATIONS (ALL ADULTS MUST SIGN)

I/We the undersigned, agree to abide by the Bylaws, Rules, and Regulations governing the American Civil War Society, Inc., and said units thereof, and release from any and all obligations. I/We hereby certify that all statements made on this application are true and correct to the best of my/our knowledge, and understand that any false statements or violation(s) of the By-laws, Rules, and Regulations governing the American Civil War Society, Inc., will subject me/us to possible disqualification and/or dismissal.

Signature (primary member) Signature (secondary member) Date

(APPLICATION IS CONTINUED ON OTHER SIDE)

American Civil War Society, Inc.—General Release of Liability and Agreement Not to Sue

Because reenacting 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 American Civil War Society (ACWS), the trustees of, officers of, agents of, employees of, members of, or any other event organizer, owner or lessor of any property on which the event is 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 this event.

3. I further 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 ACWS, its officers, trustees, agents, members and other mentioned above when engaged in activities that promote the participation in this event, or the preparation for or travel to such an event, 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 in the application. I attest that all participants in my family for this event are listed and that I take full responsibility for the safety and behavior of my minor dependent(s).

6. I hereby declare under the penalty of perjury of the laws of the State of California that the birth dates of the dependent minor children listed in this application are true and correct.

7. I/We, the undersigned, 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 provide or available for injury occurring during the above activities for myself and my minor children **(Parent to sign along with single minor applicant.)**

Primary Member Name: _____ Signature _____
(please print)

Secondary Member Name _____ Signature _____
(please print)

Membership Fees-- All dates below are based on date of the postmark only.

- _____ Single Membership **\$20** (Jan 1st – Dec 31st Full years Membership) Full Price (New or Renewal)
- \$10** (Jul 1st – Dec 31st half year Membership) Half Price (NEW MEMBERS ONLY)
- \$15** (Nov 1st – Dec 31st for following years Membership) Early bird discount (New or Renewal)
- _____ Family Membership **\$30** for two persons (Jan 1st – Dec 31st Full years Membership) Full Price (New or Renewal)
- \$15** for two persons (Jul 1st – Dec 31st half year Membership) Half Price (NEW MEMBERS ONLY)
- \$25** for two persons (Nov 1st – Dec 31st for following years Membership) Early bird discount (New or Renewal)
- \$5** additional each person under the age of 18 not to exceed **\$50**.
- CHILDREN AGE 18 AND OVER**
- MUST SUBMIT THEIR OWN MEMBERSHIP APPLICATION.**

\$_____ Total fees due and submitted.

Make check or money order payable to ACWS.

Mail completed application and fees to: ACWS
% Michael Akkerman
Membership Director
20170 Ross Road
Wildomar, CA 92595

