

Army of the Valley & C.S. Artillery Corps

Individual Membership Application

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ DL: _____

Email: _____ Emergency Contact: _____

Emergency Contact number: _____ Gender: _____

Age if under 21: _____ (or) Check here if over 21 _____ (or) Check here if under 18 _____

Check Branch: _____ Artillery _____ Infantry, _____ Cavalry, _____ Civilian

Preference: _____ C.S. (or) _____ U.S. Years of reenacting experience: _____

Training level: _____ Do you have a uniform and equipment: _____

If yes explain: _____

I fully realize that reenacting may be dangerous and can cause injury and loss of life itself if done incorrectly or as a result of unforeseen phenomena. I realize that training is required to insure that each member of the Valley Division has a basic and safe knowledge of the weapons and equipment used for Civil War reenacting, but that this training in no way guarantees the continued safety of any member or the individuals to whom instruction was given.

I THEREFORE BEING OF LEGAL AGE (OR HAVE THE SIGNATURE OF A PARENT OR GUARDIAN) RELEASE AND DISCHARGE THE VALLEY DIVISION, ITS COMMANDERS, AGENTS, OFFICERS, AND OTHERS CONNECTED THEREIN, FROM ALL CLAIMS BY REASON OF ANY CAUSE ARISING OUT OF/ OR INCIDENT RELATED TO CIVIL WAR REENACTING.

Liability for Attorney Fees:

If, despite this agreement, I do sue a released person, I agree to pay all costs and expenses (including actual attorney fees) incurred by the released person in defending the suit.

Exception:

I do not release from liability, nor do I promise not to sue, a person who harms my property or me, intending that harm, or with actual knowledge and intent that the specific harm was certain to result.

Hold Harmless Agreement:

If a person other than myself (for example, my spouse, children, relatives, or a person who was not released under the paragraph "Exception") institutes a claim against a released person arising out of harm to my property, or me, I promise to pay whatever amounts (including damages, costs, and actual attorney fees) the released person incurs because of this claim.

SEVERABILITY CLAUSE:

I certify that all waivers and releases as required by the unit on this document have been read, understood, and agreed to: Nevertheless, if any part of this document is found unenforceable, I agree to be bound by the remaining parts.

My participation is voluntary. I acknowledge that violation of Division's rules or commands will result in expulsion from the unit and its functions without recourse.

_____, _____,
Signature of Applicant

Date

Valid email address

_____, _____,
Signature of, Parent, Guardian

Relationship