

# The 9th Virginia Regiment of Cavalry

## Membership Application Form for 200\_\_

Please check that which applies. Original Application: \_\_\_\_\_ Renewal: \_\_\_\_\_

**Membership renewal fees are due January 1st. There will be a \$5 Late Fee on March 1st**

**Dues are \$15 per year per household.**

A household consists of any adults and minors living at the same address. Do not fill out for non-reenactors living with you. All those you list should be involved in 9th Virginia Cavalry activities. **DON'T FORGET TO FILL OUT BACK OF FORM AND INITIAL!**

MEMBER 1 (adult): \_\_\_\_\_

MEMBER 2 (adult): \_\_\_\_\_

MEMBER 3: \_\_\_\_\_

MEMBER 4: \_\_\_\_\_

MEMBER 5: \_\_\_\_\_

MEMBER 6: \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE & E-MAIL: \_\_\_\_\_

**Parents and adults must sign for themselves and their minor children.**

**I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the 9th Virginia Regiment of Cavalry. I understand that these activities are potentially dangerous and I voluntarily accept any risks involved. I will be given a copy of the safety rules and by-laws and I agree to read and be bound by the rules and policies contained therein. I agree to obey the direction of the governing officials of the 9th Virginia Regiment of Cavalry.**

\_\_\_\_\_ signed \_\_\_\_\_ date

\_\_\_\_\_ signed \_\_\_\_\_ date

\_\_\_\_\_ signed \_\_\_\_\_ date

\_\_\_\_\_ signed \_\_\_\_\_ date

**GENERAL RELEASE OF LIABILITY**

SINCE RIDING AND REENACTING IS DANGEROUS, WE REQUIRE ALL ADULTS AND PARENTS OF MINORS WHO ARE PARTICIPATING IN THE ORGANIZATION TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE OF LIABILITY. Minors can not sign away their rights so parents must assume the risk of allowing their children to participate. Minors who sign below are stating that they understand and have read the paragraph. Adults who sign below are agreeing to take full responsibility for what may befall them in the hobby of re-enacting with the 9th Virginia Regiment of Cavalry and the Northwest Civil War Council.

I acknowledge that horseback riding and being around horses, black powder shooting, use of the sabre and re-enacting in general are HAZARDOUS activities and that I have made a voluntary choice to participate in those activities despite the risks that may be present. In consideration of my being permitted to participate in the activities of the 9th Virginia Regiment of Cavalry (9th VA) and its association with Lin and/or Al Ahearn and the Northwest Civil War Council (NCWC), I do assume ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or as a result of my participation in any 9th VA or NCWC sponsored event or training session.

INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_

I further release, waive and discharge the 9th VA, Lin and/or Al Ahearn, the NCWC or any horseowners or landowners of any property on which the events and trainings are conducted from liability to myself, or any property damages or demand thereof on account of injury to the person or property or death of myself or for any other reason while preparing for, practicing for, traveling to or from participating in any 9th VA or NCWC sponsored event.

INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_

I further INDEMNIFY AND 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 9th VA activities.

INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_

It is the intent of the undersigned and the 9th VA that this release be as broad and inclusive as allowed by law and that if any portion is invalid then the remainder shall remain in full force and effect. This release is entered into solely for the benefit of the 9th VA, Lin and/or Al Ahearn, the NCWC and the horse owners, landowners and agents when activities are engaged in which promote participation in the 9th VA or NCWC sanctioned events or the preparation for or travel to such events and does not confer a release upon parties not acting in such capacity.

INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_ INITIAL HERE \_\_\_\_\_

I the undersigned, have read, understand and do agree with this release and all its terms. I warrant that the above is true and correct in all respects and that no oral representatives, statements or inducements apart from the foregoing have been made. I consent to whatever medical care might be provided or available for injury occurring during the above activities.

Signed: \_\_\_\_\_ date: \_\_\_\_\_ Signed: \_\_\_\_\_ date: \_\_\_\_\_

Signed: \_\_\_\_\_ date: \_\_\_\_\_ Signed: \_\_\_\_\_ date: \_\_\_\_\_

As parent(s) or guardian(s) of \_\_\_\_\_

we have read and understand and do agree with this release and all its terms and give our permission for him/her/them to participate in all 9th Virginia Regiment of Cavalry and Northwest Civil War Council activities and events.

Signed: \_\_\_\_\_ date: \_\_\_\_\_ Signed: \_\_\_\_\_ date: \_\_\_\_\_

**THE ABOVE LIABILITY RELEASE MUST BE SIGNED BEFORE PARTICIPATION**

Mail to: 9th Virginia Cavalry 35523 E. Lacombe Rd. Lebanon, OR 97355 Make checks to: 9th Va Cavalry

OFFICE USE:

How paid: check # \_\_\_\_\_ amount \_\_\_\_\_ cash \_\_\_\_\_ date: \_\_\_\_\_ Total: \_\_\_\_\_

Date received by commander: \_\_\_\_\_ Is household a member of NCWC? \_\_\_\_\_

**This membership application has been read and accepted by the 9th Virginia Cavalry commander as being correctly filled out and by the commander's signature the above members are in good standing for the year.**

DATE: \_\_\_\_\_ COMMANDING OFFICER: \_\_\_\_\_