

Missouri Irish Brigade of Civil War Re-enactors

Membership Renewal Form - 2017

A separate renewal form must be filled out for each Member



Name _____

MIB Nickname (if any) _____

Current Rank _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ / Cell Phone _____

Email Address _____ / Facebook or Other _____

The MIB is: → My primary unit & / I have no other unit membership or associations / I do hold a non-voting association with _____ My Secondary Unit & I realize that I cannot obtain MIB Veteran Status, Vote, or hold Rank as an associate member. - My primary unit is _____

Military Membership - \$25.00 per member

Type of military membership (Please Check) - Soldier / Musician / Medical / Other _____

→ What is your current membership status (Please check) – Provisional Recruit / Recruit / Veteran

Note – Provisional Recruits are generally new memberships or those who have not yet committed to fully joining the unit. Recruit memberships are those who have committed to joining the unit but who have not obtained Veteran status as of yet. Recruits are automatically upgraded when Veteran requirements have been met. If you're not sure of your current membership status, please leave blank and MIB Officers will look it up and fill in.

Civilian Membership - \$25.00 per member

Type of Civilian membership (Please Check) - Individual Membership / Spouse / Child / Other _____

→ What is your current membership status (Please check) – Provisional Recruit / Recruit / Veteran

Note – Provisional Recruits are generally new memberships or those who have not yet committed to fully joining the unit. Recruit memberships are those who have committed to joining the unit but who have not obtained Veteran status as of yet. Recruits are automatically upgraded when Veteran requirements have been met. If you're not sure of your current membership status, please leave blank and MIB Officers will look it up and fill in.

Non-Voting Family Membership – Please add \$10.00 per Family

Note – A military or civilian member may add all of his or her family members by adding a family membership package for an additional \$10.00 – This particular package when added to the regular military or civilian membership means a total of \$35.00 a year. This package gives only 1 vote for the entire family.

Please list names of family members included in membership _____

Voting Family Membership – \$50.00 per Family

Note – A military member who has more than one combatant in the same household and/or who might have civilian family members. This package gives each combatant and/or any civilian members 1 vote each.:

Please list names of family members included in membership _____

Total amount enclosed: \$ _____

Please mail all Membership Renewal forms to:

Capt. Kevin “Kace” Christensen - 7527 Jefferson Street - Kansas City, MO. 64114

Please make check or money orders payable to: Missouri Irish Brigade of Civil War Re-enactors.

Missouri Irish Brigade of Civil War Reenactors

Medical Information Form - 2017

Name: _____

Effective Date: _____ Date of Birth: _____

Parent or Guardian's Name: _____ Guardian Phone: (____) ____ - _____

Emergency Contact Name: _____ Contact Phone: (____) ____ - _____

Insurance Carrier: _____ Group ID#: _____

Insurance Address: _____

Physician Name: _____ Physician Phone: (____) ____ - _____

Hospital Preference (if any) _____ Religious Preference (if any): _____



SI INTERVIEWS THE DOCTOR.

Medical History Allergies

Do you have, or have you ever had (provide details):

- TIA, stroke, brain injury? _____
- Migraine or cluster headaches? _____
- Emphysema, bronchitis, asthma? _____
- Heart condition: CHF, heart attack, high blood pressure, chronic low blood pressure, valvular disorder, angina? _____
- Lung cancer? _____
- Digestive disorders: diverticulitis, diverticulosis, IBS, bleeding ulcers? _____
- Diabetes or blood-borne diseases? _____
- Major surgeries, overnight hospital stays? _____

Do you have, or have you ever had, an allergic reaction or sensitivity to (provide details):

- Aspirin _____
- Codeine _____
- Penicillin _____
- Other medications _____
- Bees or insects _____
- Environmental allergies _____
- Foods _____
- Other _____

Current Medications / List any prescription medications, supplements, or herbal compounds you take on a regular basis:

Additional Information - Please provide any other details you feel important for emergency medical personnel to be aware of: _____

This information is complete and correct to the best of my knowledge. I give my permission to release this information only in emergency situations to qualified medical personnel, for the purpose of rendering aid.

Signature: _____ Date: _____

If minor, guardian must sign: _____ Date: _____

Missouri Irish Brigade of Civil War reenactors

Reenactor Waiver Form



I acknowledge that the Civil War reenactment activities and events participated in by the Missouri Irish Brigade of Civil War Reenactors may involve hazardous activities. These hazards include but are not limited to: open camp fires, handling and use of black powder, discharge of small arms and cannons, the risks associated with large crowds, the presence and use of horses and/or other animals, and risks associated with primitive camping and other living history activities. I have made a voluntary

choice to participate in these activities with the Missouri Irish Brigade of Civil War Reenactors despite the risks that these activities may present. In consideration of my being permitted to participate with the above named organization, I hereby assume any and all risks of injury or death that might be associated with or result from my participation.

I hereby release and discharge the Missouri Irish Brigade of Civil War Reenactors, its officers, and members from any and all actions, claims and/or demands that I, my legal guardians, my heirs or assigns, or my representatives may hereafter make for injury, death or damage resulting from my participation with the Missouri Irish Brigade of Civil War Reenactors. I further agree to indemnify and hold harmless the Missouri Irish Brigade of Civil War Reenactors, its officers, and members for any injury to my person or damage to my property resulting from my participation. I, the undersigned, (or my legal representative) have carefully read and understand this agreement and all of its terms. I understand this is a release of liability that will legally prevent me, or any other person acting on my behalf, from filing suit or making any legal claim for damages against the above mentioned Missouri Irish Brigade of Civil War Reenactors, its officers, and members in the event of my death or any injury to me or to my property. I hereby enter into this agreement freely and voluntarily and stipulate that it is binding upon myself and my heirs, assigns and legal representatives.

I understand that the Missouri Irish Brigade of Civil War Reenactors reserves the right to deny participation to any individual who does not follow the rules of an event in which the Missouri Irish Brigade of Civil War Reenactors participates, fails to observe acceptable and reasonable authenticity and safety standards, fails to adhere to Missouri Civil War Reenactors Association (MCWRA) policies, or is otherwise disruptive to the event. I have read, understand and will follow the rules and regulations set forth by the Missouri Irish Brigade of Civil War Reenactors. Regardless of my rank or position, I will follow instructions given to me by the officers of the Missouri Irish Brigade of Civil War Reenactors and event organizers acting officially in their capacity.

This waiver is valid until rescinded by the signer or the parent/legal guardian.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Signature: _____ Date: _____

If the above participant is younger than 18 years of age, a parent or legal guardian is required to co-sign indicating his/her responsibility for the above named participant.

Signature of Co-signer: _____ Date: _____

Relationship to Minor: _____