

Missouri Irish Brigade of Civil War Reenactors

Reenactor Waiver Form - 2019



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 me 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: _____