

**INDIVIDUAL WAIVER
PETERBORO CIVIL WAR WEEKEND
JUNE 12 – 13, 2010**

Please read this carefully as you are waiving certain legal rights by signing this Participant release form. (This is required for each individual participating in the event.)

CHECK ONE; UNION: Civilian Military
 CONFEDERATE: Civilian Military
 Sutler Volunteer

PLEASE PRINT CLEARLY:

UNIT NAME: _____

PARTICIPANT NAME AND RANK: _____

PARTICIPANT ADDRESS: Street _____

City _____ **State** _____ **Zip** _____

PHONE: (for office use only) _____ **Email:** _____

By attending and participating in this reenactment, I recognize that there are risks attendant to this activity, including, but not limited to, open campfires, handling and use of black powder, discharge of small arms and cannons. The risk of injury attendant to movement of large groups of people, the presence and use of horses and/or other animals and risks associated with primitive camping. I hereby assume any and all risks occasioned by my presence and/or participation in any and all activities in anyway related to the reenactment. I further agree to release and hold harmless the Peterboro Civil War Weekend Committee, the 12th US Co A:, The Towne of Smithfield, USV, their agents, assigns, members, employees, directors and officers from any and all claims for property damage or personal injury of any kind, no matter how incurred, sustained during my presence and/or participation at the reenactment or while on their properties.

FAMILY MEMBERS MAY SIGN ON THE SAME WAIVER DATE:

Signature: _____ Signature: _____

Signature: _____ Signature: _____

List names of minor children less than 18 years of age.

