



New Jersey Civil War Heritage Assn

8th Annual School of the Soldier
Allaire State Park, NJ
June 17th & 18th, 2017
with set up Friday, June 16th

Instructions: Please fill out this form completely. Each Individual participant must complete and sign a completed form. Families may fill out one form. If filling out a family, put all names on a separate piece of paper. Everyone **MUST** sign the waiver. Parents must sign for minor children and include child's age.

Please submit this form by postal mail, with signed form and registration check. Confirmation will be sent to you by return mail.

Registration Fee: **\$10.00**. Any registration ***received two weeks prior*** to an event will be considered a walk on and a **\$15.00** registration fee will apply, (**\$5** discount on registration for all current **2017** full members of NJCWhA.)

There will be no registration fee for sutlers. However sutlers must become full members of the NJCWhA and are encouraged to place an advertisement in our fundraising events program.

Registration Information, PLEASE PRINT:

First Name: _____ Last Name: _____

Postal Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ *(Please give individual email for each participant)*

Phone Day: _____ Phone Night/Cell: _____

Unit Name: _____ Commander: _____

Organization Affiliation (USV, PACS, ANV, etc): _____

Participants Category:

Infantry: Union _____ Confederate _____ Authentic Civilian: _____ Children under 12: _____

Artillery: Union _____ Confederate _____ Type of Gun: _____

Other: _____

Sutler: _____

Total number of Military _____ = amount due \$ _____

Total number of Civilian _____ = amount due \$ _____

Total number of Sutler _____ = amount due \$ _____

Total Amount Due \$ _____

Print and mail completed registration form, release wavier and check to:

NJCWhA, PO Box 442, Wood Ridge, NJ 07075
Allaire@NJCivilWar.com

NJCivilWar.com



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Release from Liability Form

Each registered participant **MUST SIGN** a separate form.

Families may sign one form. Parents must sign for their minor children and include name and age.

RELEASE FROM LIABILITY: I, the undersigned, do hereby certify that I am voluntarily registering and participating in the above checked event.

I fully recognize the danger to the battle reenactments and especially those on natural terrain involving large numbers of infantry, cavalry and artillery, and do hereby specifically assume the risk of financial loss of bodily injury, including death to myself or loss of my personal property due to attendance at this event and likewise take full responsibility for any damage or injury by myself or to my property.

I further stipulate that in my opinion the organizers of this event have taken every precaution to make this event as safe as possible, but fully realize that the organizers, New Jersey Civil War Heritage Assn and Allaire Village Inc. are no insurers of my safety, hereby agree to hold harmless New Jersey Civil War Heritage Assn, New Jersey Division of Parks and Forestry, New Jersey National Guard, Allaire Village Inc, their agents, officers, employees, vendors and contractors, as well as participants and spectators of this event, for any injury or financial loss of any kind, including death, received or suffered by me or my heirs due to my participation in this event.

I do hereby authorize the release of any and all Medical Reports incurred by myself to New Jersey Civil War Heritage Assn, New Jersey Division of Parks and Forestry, New Jersey National Guard, and Allaire Village Inc for the sole purpose of insurance necessities.

PHOTO RELEASE: Each of the undersigned being fully aware that all photographs and footage taken at said event, shall become property of New Jersey Civil War Heritage Assn, and Allaire Village Inc. NO Photographs, videos or film footage shall be reproduced for profit making purpose without the express permission of New Jersey Civil War Heritage Assn. In signing for forgoing release, each of the undersigned hereby acknowledge and represents that he/she is over the age of majority and not a minor, and is of sound mind.

Signature _____ Date _____

First Name: _____ Last Name: _____

Postal Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ *(Please give individual email for each participant)*

Phone Day: _____ Phone Night/Cell: _____

Unit Name: _____ Commander: _____

Organization Affiliation (USV, PACS, ANV, etc): _____

Pre-Registered _____ Walk on _____

**** All personal information is kept confidential ****