

# Southwest Civil War Association Fort Tuthill

August 14-15, 2010  
2010 Registration Form

Please check one:

- Federal  
 Confederate  
 Civilian

Please bring all registrations to the Fort Tuthill event

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

Age \_\_\_\_\_ Unit \_\_\_\_\_

Email \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Do you have any medical training? i.e.: Paramedic, EMT Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a condition that requires special medication? \*\* Yes \_\_\_\_\_ No \_\_\_\_\_

\*\* If yes, please notify event officials.

**General Release of Liability** *Read and initial at all \_\_\_\_\_ spaces*

A Participant in this event shall be defined as any individual who has completed this registration form and submitted it to SWCWA. (An Arizona State non-profit Corporation). \_\_\_\_\_

Re-enactments are activities that are dangerous and can result in property loss or personal injury. Insurance for this event will not cover a Participant for personal property loss or damage. As a voluntary Participant in this event, you agree to assume all risks of, and any damage to, personal property, injury or death associated with this event, or your participation in this event. \_\_\_\_\_

Participant releases, waives, discharges and covenants not to sue SWCWA or Pioneer Village Living History Museum organizing officers or members, in whole or part from any or all liability whether caused by their negligence or for any reason, while preparing for, traveling to and from, or participating in this event, or any other activity associated with the event. \_\_\_\_\_

Participant agrees to indemnify and hold harmless the SWCWA and Pioneer Village Living History Museum its officers and members, in whole or part, from any loss, liability, damage (including reasonable attorney fees) that may be incurred by the SWCWA or Pioneer Village Living History Museum, organizing officers or members in whole or part, including any claim made by any Participant, heirs or agents. \_\_\_\_\_

Participant understands that this release applies as broadly as allowed by law, and that if any portion is ruled invalid, the remainder shall remain in full force and effect \_\_\_\_\_

Participant understands that to participate in this event, he/she must take and successfully complete the SWCWA safety test prior to the start of the event as prescribed by the SWCWA and its membership \_\_\_\_\_

Signature below indicates that the Participant has read, understands, and agrees to the terms of this Release.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date