


**NEW MEXICO CIVIL WAR
 COMMEMORATIVE CONGRESS
 NEW MEXICO CAMPAIGN, CIVIL WAR COMMEMORATIVE EVENT
 REENACTMENT REGISTRATION FORM AND LIABILITY RELEASE**

Name:	First	Middle Initial	Last	<i>E-mail address</i>
Address:	Number/Street - P.O. Box - Rural Route			Circle One US CS
City:	State:		Zip:	
Home Phone: ()	Work Phone: ()			
Unit Designation/Affiliation: _____				

(This form can be completed at the Event.)
All participants must register before participating in the Event.

I _____, by affixing my signature below, certify that I am a voluntary participant in the Civil War Reenactment sponsored by the **New Mexico Civil War Commemorative Congress**. I understand that I am assuming all the risks and liabilities known and unknown associated with such an Event. I certify that I have reviewed a copy of the safety and participation rules for the Reenactment and Tactical and agree to abide by such rules. I release the **New Mexico Civil War Commemorative Congress**, its Officers, agents and member units from any and all liability and claims associated with my participation in this Event and I expressly waive any damages arising from signing this form. (Sign at the bottom of this Form.)

NOTE: Congress Horseman's Disclaimer; I _____ certify that: I am a competent Horseman and have the necessary skills to handle a horse during a reenactment, that my horse is familiar with crowds and gunfire and that my equipment and tack is adequate and safe to use. I understand that I may be removed from the field at the judgment of the designated Safety Officer and NM Civil War Commemorative Congress Representative. (Sign at the bottom of this Form.) 

 Participant's Signature (and Horseman as applicable) Date

 Parent or Guardian's Signature (If Participant is under 18 years of age) Date