

SWCWA Membership Application Instructions

These are the basic instructions on completing the SWCWA's **General Membership** application form. This form is as brief as possible and all of the items included, are important to the SWCWA's operations; and any missing information will delay the processing, of your membership. These directions have been developed to avoid the most common errors, which we have encountered over the years. Using this as a reminder when completing the form, should make the enrollment process easier for all parties concerned.

- **Part I** - Place a check in the appropriate box to indicate the type of membership being requested.
- **Part II** - Please complete all of the personal information section. This is required for the SWCWA's use, as we have to keep records regarding our members, which are current and usable. Additionally, you need to indicate if you are opting out of any directories or mailings, which we may produce.
- **Part III** - Check the Box of the unit you are currently a member of in 2010. For *Renewals*, this is the box of the unit, which you were a member of last year.
- **Part IV** - If this application is for minor (under age 18), the parent or legal guardian must complete this section with printed name, signature and date.
- **Part V** - All individuals over age 12 must complete this section with printed name, signature and date.
- **Part VI - Emergency Contact Information** - Please complete with the information of an individual you would wish us to contact in the event of an emergency involving you.
- **Part VII - Committee Interests** - If you are interested in assisting with any of the SWCWA's standing or formed committees, please mark the appropriate box.
- **Part VIII - Membership type** - Please mark the type of membership, which this application is for and determine the necessary payment. Unfortunately, due to the signature requirements we cannot accept a single form, for either a couple or family membership. Therefore, please remember that each member of a family must complete a separate application.
- **The Waiver** - Please be sure that each numbered item is initialed and then signed at the bottom of the page, with both printed name and signature. If this application is for a minor age 12 or older, they must also initial on the right hand column. In the case of a minor, their parent or legal guardian must sign this document.

Thank you, for your understanding in this matter and we look forward to your participation in this hobby.

IF MAILING THIS APPLICATION, PLEASE SEND TO:

SWCWA Membership
28987 N. 70th Drive
Peoria, Arizona 85383-6629

Southwest Civil War Association

Membership Application

The following information must be supplied in order to process the membership. This application must be fully completed and signed (X pages) before it can be processed. Each participating member shall fill out a separate application. All Minors (under 18) must have a parent/guardian who is an SWCWA member.

Part I: Membership:

- New Member
 Supporting
 Renewal

All Memberships except Supporting must complete all parts of this Application, as required. Supporting Members should only complete Parts I & II.

Part II: Member Information: (Please Print)

Last Name _____ First Name _____ M.I. _____

Address _____

Home/Cell Phone () _____

City _____ State _____ Zip _____

Email _____ Date of Birth _____

Do you wish your contact information to be included in public listings? Yes No

Would you like to be included in future SWCWA information releases? Yes No

Part III: Unit Affiliation:

Civilian

- Citizens (Federal)
 Citizens (Confederate)
 Trades & Professions
 Other _____

Union

- 1st New Mexico Infantry (A)
 1st New Mexico Infantry (B)
 1st California Infantry
 1st California Cavalry

Confederate

- 1st Texas Infantry
 1st Texas Artillery
 5th Texas Dismounted Infantry

Non-SWCWA

- Home Unit _____ Unaffiliated _____

Part IV: Minors:

I/We the undersigned have read and understood this application and all of its terms. I/We warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child for whom this application applies. And warrant and represent that I am empowered to execute this release on his or her behalf.

Print Name: _____ Signature: _____

Date: _____

Part V: Applicant Signature:

I/We the applicant by paying the Southwest Civil War Association annual dues and executing all the pages of this application agree to abide by the By-Laws, Rules and Regulations governing the Southwest Civil War Association, Inc. and said unit thereof and release them from any and all obligations. I/We hereby certify that all statements made on this application are true and correct to the best of my/our knowledge, and understand that any false statement will subject me/us to disqualification or dismissal. I/We consent to your seeking information on any of the above information and that I/We hereby release from liability all persons and organizations furnishing such information.

Print Name: _____ Signature: _____

Date: _____

Part VI: Emergency Contact Information:

In the event of an emergency please contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Primary: _____

Secondary: _____

Part VII: Committee Interest (if any)

- | | | |
|---|---|--|
| <input type="checkbox"/> Rules Committee | <input type="checkbox"/> First Aid Team | <input type="checkbox"/> Event Committee |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Safety Committee | <input type="checkbox"/> PR Committee |

Part VIII: 2011 Membership Type

Fees:

- Individual \$20.00
- Family \$30.00
- Late Renewal Surcharge (After March 1) \$10.00

Total Enclosed \$ _____

Administrative Use Only

Member Number: _____

Family Membership: Yes No

Paid \$ _____

Cash/Check _____ Check # _____

Received by: _____

Date: _____

Date Received: _____

Date Approved: _____

Date Completed: _____

Safety Tests _____

**INTER-ORGANIZATIONAL ASSUMPTION OF RISK, RELEASE OF LIABILITY,
AND INDEMNIFICATION AGREEMENT**

REENACTING IS **DANGEROUS**, AND IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN REENACTING EVENTS ALL PARTICIPANTS AND PARENTS OF MINORS MUST SIGN THIS AGREEMENT

I/we acknowledge that reenacting events, black powder shooting, and related activities are **DANGEROUS** and entail known and unknown risks that may result in emotional injury, personal injury or **DEATH** to me/us, or damage to my/our property, or to other persons or parties or their property. Such risks of loss, injury or **DEATH** include, but are not limited to, burns, cuts, terrain conditions, heat prostration and related conditions, use of black powder, explosions, impacts from debris, accoutrements, vehicles and/or weaponry, the failure to follow command orders or rules and regulations of event sponsors and host, rescue efforts or medical attention provided by anyone connected to the reenacting event, cardiac conditions, falls, or contact with animals.

1. **ASSUMPTION OF RISK:** With full knowledge and appreciation of the dangers, I/we have made a voluntary choice to participate in reenacting activities and events despite the risks that they present, and I/we voluntarily agree to assume sole responsibility for **ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me/us as a result of participating in these activities unless caused by the gross negligence or willful or wanton misconduct of a "released party" below.

INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER

2. **RELEASE:** I/we, on behalf of myself/ourselves and any party claiming an interest through me/us (including but limited to, heirs, spouses, parents, children and beneficiaries), voluntarily **RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE**, the American Civil War Association, the California Historical Artillery Society, the Civil War Reenactment Society, the National Civil War Association, the Comstock Civil War Reenactors, the American Civil War Society, the War Between The States Historical Association, the Reenactors of the American Civil War or the Southwest Civil War Association; the trustees of, officers of, agents of, employees of, or members of any of these reenacting organizations; any owner, lessor, or lessee of any property on which these reenacting organizations conduct any activity; or the sponsors or the organizers of any reenacting event (singularly "released party" and collectively "released parties") from and for all liability, claims, demands, actions, loss or damage on account of any injury to my/our person (**INCLUDING DEATH**) or property, whether caused by their **NEGLIGENCE** or for any other reason, excepting only the gross negligence or willful or wanton misconduct of a "released party," while preparing for, practicing for, traveling to or from, or participating in, any reenacting event.

INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER

3. **INDEMNIFICATION:** I/we agree **DEFEND, INDEMNIFY AND HOLD HARMLESS** the "released parties" from any loss, liability, damage, claims or costs, including court costs and attorney fees, that they may incur arising out of or related to my/our participation in reenacting activities and events, whether caused by their negligence or for any other reason, excepting only their gross negligence or willful or wanton misconduct.

INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER

4. **SEPARATION OF RELEASEES:** I/we agree that this **ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT** applies separately to each of the "released parties" and that the gross negligence or willful or wanton misconduct of one "released party" will not negate my/our assumption of the

risk, release of, and duty to indemnify any "released parties" who are not grossly negligent or who have not acted willfully or wantonly.

INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER

5. **BREADTH:** It is the intent of the undersigned that this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT shall be as broad and inclusive as is permitted by California and Arizona law. If any clause, sub clause or portion of any sentence is held invalid, I/we agree that the balance shall continue in full force and effect.

INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER

6. **MEDICAL CONSENT/RULES:** I consent to whatever medical care might be provided or available to me/us for any injury occurring during my/our participation in reenacting activities or events. I further agree to be bound by, and abide by, the rules of the 'released parties' while participating in any event or activity sponsored by, or affiliated with, them.

INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER

7. **WARRANTY:** I/we have read and understood this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT and all its terms. I/we warrant that no representations, statements or promises have been made to me/us to induce me/us to execute this agreement and the I/we do so voluntarily

INITIAL HERE _____ INITIAL OF MINOR IF 12 OR OVER

Print Name: _____ Signature:

Date: _____