

The War at Home: 1863 Registration Form

(If entire organizations attend each participant must fill out an individual form.)

Name _____ Phone # _____

Address _____

E-Mail _____

Have you participated with Texas Civil War Civilians before? Y/N

Organization Affiliation _____

Do you have any medical condition? Y/N If so, please describe _____

Emergency contact person and phone # _____

I portray: (Circle one) Town Doctor, Lawyer, Business Owner, Farmer, Blacksmith, Seamstress, Tailor, Wash Woman, Texas State Troops, Furloughed Soldier or Deserter.

Other (Please describe) _____

Desired Quarters: (Circle one) Jordan-Bachmann Farm, The Bell House, Scarborough Barn, Kruger Cabin, Aynesworth Wright house, Osray House unfurnished, Jarmon House unfurnished

I will arrive on site: (Circle one) Friday, November 1 or Saturday, November 2, before 7am.

Please send this completed form to:

Joshua Mueller
928 ½ Main St.
Bastrop, TX 78602
Joshua.mueller11@yahoo.com

NOTE: Have \$5 per person available when you arrive at check-in. Check-in will be located in the mercantile by the entrance to the site.

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (Print Name), acknowledge that I have voluntarily applied to participate in the following activities at Pioneer Farms: The War at Home 1863.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. IN ADDITION, UNDER NO CIRCUMSTANCES WILL PRESIDIO LA BAHIA, THE EVENT ORGANIZERS OR EVENT STAFF, BE HELD LIABLE FOR ANY INSTANCES OF BODILY INJURY, DEATH OR PROPERTY DAMAGE INFLICTED BY OR UPON ME AS A RESULT OF MY PARTICIPATION IN THIS EVENT

I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by Pioneer Farms, the State of Texas, the County of Travis, and any lessor of Pioneer Farms premises, to participate in these activities and use the premises and facilities, I forever release Pioneer Farms, the State, the County, the Lessor, any re-enactment affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any releasee in connection with any of the matters covered by the foregoing release. All participants must drink responsibly if consuming alcohol.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE STATE, THE COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed for The War at Home: 1863 on (date) _____

PARTICIPANT RELEASEE SIGNATURE _____

OR

PARENT OR GUARDIAN SIGNATURE _____

Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED