

# Payne's Farm Commemoration and Preservation March October 28 – 30, 2005

## Military Re-enactors Registration Form

### Instructions

Print and fill out BOTH pages of this registration form. All registrations are to be done individually, although unit commanders may collect the forms and send them in with one check covering the registration fee. Nevertheless, each member must still fill out and sign the forms individually. **A SEPARATE SIGNED REGISTRATION AND WAIVER FORM SHALL BE SUBMITTED FOR EACH INDIVIDUAL REGISTRANT.**

Any registration sent in without a fee will be rejected. We will be posting a roster of those who have registered for the event on a regular basis from the time the first registration are received until the registration deadline, so check back frequently to make sure yours was received. **Registrations must be postmarked by August 31, 2005.**

Name: \_\_\_\_\_

Age (if under 18) \_\_\_\_\_ (If Under 18) Parent/ Individual Responsible at Event

Your Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (day) (\_\_\_\_) \_\_\_\_\_ Phone (p.m.) (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Participant Information: (Check One): US Military \_\_\_\_\_ CS Military \_\_\_\_\_

Unit Name: \_\_\_\_\_ (if no unit affiliation, write "independent")

**IMPORTANT: If you are a certified EMT or have lifesaving/first aid training and would be willing to help our medical staff at this event, please check this space and our medical coordinator will contact you prior to the event.** \_\_\_\_\_

**Registration Fees:** The registration fee is **\$20.00 per person** (This includes full ration issue for military re-enactors). Underage re-enactors must be registered by a parent or guardian who must sign the release form on their behalf.

Checks should be made out to "Co. D, 27<sup>th</sup> Virginia" and sent to:

Mike "Dusty" Chapman  
5734 N. 15<sup>th</sup> Street  
Arlington, VA 22205

**LIABILITY RELEASE AND AGREEMENT TO ABIDE BY THE PAYNE'S FARM STANDARDS:**

I, the undersigned, understand that I will be participating in a potentially dangerous activity on October 28 - 30, 2005 ("the 2005 Payne's Farm commemoration or "PF05"), with the use of firearms and the recreational use of the Payne's Farm property for outdoor activities. As a condition to, and in consideration for receiving permission to participate, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or caused by third parties to me, arising out of participation in the aforementioned activities. I hereby release, indemnify, forever discharge, and hold harmless, members and guests of the Stonewall Brigade and the Civil War Preservation Trust and the event's participating organizations from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages, or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with, any of the above-mentioned activities. I have read and will comply with the PF05 standards. I understand there may be an inspection on Friday, October 28, 2005. I understand that I will respect and honor the orders of officers and non-commissioned officers appointed over me. If I have misrepresented my impression I may be asked to leave the event.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (print your name)

\_\_\_\_\_ (signature of parent or guardian if underage)

\_\_\_\_\_ (date)



**Medical information: This information will be your event pass. We will distribute at the event. [Return this form attached with your registration.](#)**

**Your Name:** \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_, \_\_\_\_\_

Do you have medication with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies, medications, conditions for primary care providers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_