

# CASCADE CIVIL WAR SOCIETY

[www.ccws.us](http://www.ccws.us) -- [info@ccws.us](mailto:info@ccws.us)

## Membership Form

Year 20\_\_\_\_\_

New Membership

Renewal

Please print clearly and return to: Cascade Civil War Society, P.O. Box 1596, Klamath Falls, OR 97601.

Dues are \$24 per family; \$12 per adult; \$6 per child under the age of 18.

(prorated by month for new members joining after April 1st)

A family consists of any number of adults and/or minors living at the same address. Any family members 18 and over and living at a different address qualify as a single adult or as another family. Please list all family members below -- include birth dates for all minors to determine voting rights. If no birthday is given for members not listed as adults, it will be assumed that the individual is under 18

Member 1 (Adult) \_\_\_\_\_ Unit \_\_\_\_\_

Member 2 (Adult) \_\_\_\_\_ Unit \_\_\_\_\_

3 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Unit \_\_\_\_\_

4 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Unit \_\_\_\_\_

5 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Unit \_\_\_\_\_

6 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Unit \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cellphone(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Cascade Civil War Society (CCWS). I understand that these activities are potentially dangerous and I voluntarily accept any risks involved. I understand that I will be given a copy of the CCWS By-Laws and I agree to read and be bound by the rules and policies contained therein. I agree to obey the direction of the governing officials at CCWS events. I have read and initialed each paragraph in the General Release of Liability.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**Parents:** You must sign this statement and the release on the back of this form for minor children.

*If under the age of 18, the applicant's parent's or guardian's permission is required. By signing below s/he acknowledges understanding and acceptance of the terms of membership as laid out in this document. An adult member of the CCWS must agree to act as sponsor.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) CCWS Unit Commander(s)

Commander \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

Commander \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

Received by CCWS Membership Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Dues Paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Recorded on Roster \_\_\_\_\_

Membership, Card(s) sent \_\_\_\_\_ Number of Voting Members \_\_\_\_\_ Safety Card issued \_\_\_\_\_

Cascade Civil War Society (CCWS)  
General Release of Liability

I acknowledge that reenacting, black powder shooting and related activities are HAZARDOUS activities and that I have made a voluntary choice to participate in these activities despite the risks that they may present. In consideration of my being permitted to participate in the activities of the CCWS, I agree to assume ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result from my participation in CCWS events.

Initial here \_\_\_\_\_ Initial here \_\_\_\_\_ Initial \_\_\_\_\_ Initial here \_\_\_\_\_

I further Release, Waive Discharge and Covenant not to sue the CCWS, organizers of any CCWS event, the trustees of, officers of, agents of, employees of or members of the CCWS, or the owner or lessor of any property on which the CCWS conducts any activity from all liability to myself, or any other family member of party claiming an interest through myself for all loss or damage or demand therefore on account of injury to the person or property, or death of myself whether caused by their NEGLIGENCE or for any other reason, while preparing for, practicing for, traveling to or from participating in any CCWS event.

Initial here \_\_\_\_\_ Initial here \_\_\_\_\_ Initial \_\_\_\_\_ Initial here \_\_\_\_\_

I further INDEMNIFY AND HOLD HARMLESS the parties released above and each of them from loss, liability, damage or claim they may incur due to the presence of my actions during CCWS events whether caused by their negligence or otherwise.

Initial here \_\_\_\_\_ Initial here \_\_\_\_\_ Initial \_\_\_\_\_ Initial here \_\_\_\_\_

I understand that the CCWS will not provide compensation for any injury to me, nor for any damage to my property. I must pay for any such damage or injury to myself or property through my own insurance, since the CCWS' insurance will not cover my losses or injuries. Furthermore, I understand that the CCWS' insurance protects the CCWS, NOT ME. Accordingly, if I injure someone or cause property damage to someone else's property while participating at a CCWS event, the fact that the CCWS has insurance does not prevent the injured party from seeking compensation from me.

Initial here \_\_\_\_\_ Initial here \_\_\_\_\_ Initial \_\_\_\_\_ Initial here \_\_\_\_\_

It is the intent of the undersigned that the above Release be as broad and inclusive as allowed by law and that if any portion is invalid, the remainder shall continue in full force and effect This Release is entered into solely for the benefit of the CCWS, its officers, trustees, agents and members when engaged in activities which promote the participation in CCWS sanctioned events, or the preparation for or travel to such events and does not confer a Release upon parties not acting in such capacity.

Initial here \_\_\_\_\_ Initial here \_\_\_\_\_ Initial \_\_\_\_\_ Initial here \_\_\_\_\_

I, the undersigned, have read and understood this Release and all its terms. I warrant that the above is true and correct in all respects and that no oral representations, statements or inducements apart from the foregoing have been made.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

As parent(s) or guardian(s) of minor child member, I/we have read and understood the above Release and all its terms and give my/our permission for him or her to participate in all CCWS activities and events.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_