

2012 Camp Geiger Civil War Days- June 9th- 10th 2012
Registration Form

\$7 Early Registration Fee (Until April 1st)
\$10 Registration (April 2nd- May 20th)
\$20 Walk-on Fee (Per Person)

Commander & Unit or Regiment: _____

Org. Affiliation (ANV, USV, Mifflin Guard, Longstreet) _____

Name(s): _____

*** If more space is needed please use page provided at the bottom***

E-mail: _____

Address: _____

Emergency contact: _____

Infantry: ___ US ___ CS

Cavalry: US Mounted _____ # of Horses ___ US Dismounted _____

 CS Mounted _____ # of Horses ___ CS Dismounted _____

US Artillery: _____ # of Pieces _____

CS Artillery: _____ Gun Type _____

Authentic Dependants: US Military Camp _____

 CS Military Camp _____

Living History/Other: _____

Release from Liability Form

*Each registered participant MUST SIGN a separate form.
Families may sign one form. Parents must sign for their minor children and include name
and age.*

RELEASE FROM LIABILITY: I, the undersigned, do hereby certify that I am voluntarily registering and participating in the event / reenactment of "Lehigh Valley Civil War Days", hence forth referred to as "the event", to be held June 9-10, 2012 at the Whitehall Parkway, Whitehall, PA.

I fully recognize the danger to battle reenactments, especially those on naturally occurring and improved terrain, involving large numbers of infantry, cavalry, and artillery, and do, hereby specifically assume the risk of financial loss resultant from bodily injury, including death, to myself or of loss of personal property due to attendance and or participation at this event and likewise take full responsibility for any damage or injury caused by myself, my property or livestock in my possession or care for the event. I also take full responsibility for any and all loss of my property for any reason including theft.

I further stipulate that, in my opinion, the organizers of this event have taken every precaution to make this event as safe as possible, but fully realize that the organizers, The Friends of Camp Geiger, are no insurers of my safety. I hereby agree to hold harmless Whitehall Township, their staff, officers and employees, as well as the organizers, staff, volunteers, the participants (including participants equipment, property and livestock) and spectators of this event, for any injury or financial loss of any kind, including death, received or suffered by me or my heirs due to my presence at, or participation in, this event.

I do hereby authorize the release of any and all Medical Reports incurred by myself to The Friends of Camp Geiger for the sole purpose of insurance necessities. I also hereby affirm that I assume full financial and legal responsibility for myself and my family members resulting from, and pertaining to, any afore mentioned situation.

PHOTO RELEASE: Each of the undersigned being fully aware that all photographs and footage taken at said event, "Civil War Days", shall become sole property of Friends of Camp Geiger. NO Photographs, videos or film footage shall be reproduced for profit making purpose without the express permission of Friends of Camp Geiger. In signing the forgoing release, the undersigned hereby acknowledges and represents that he/she is over the age of legal consent and not a minor, and is of sound mind.

Signature _____

Name (Print) _____

Address _____

Unit Name _____

Car make, model and

License

Number _____

*All Personal Information is kept confidential
For the exclusive use of Friends of Camp Geiger.*

NAME'S FOR REGISTRATION CONT.

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If more space is needed please attach another sheet.