



## Waiver of Liability, Assumption of Risk, and Indemnity Agreement Civil War Days

**Waiver of Liability:** in consideration of being permitted to participate in any activity such as tours or events of all types within the property known as **Billie Creek** or the grounds thereof whether as a volunteer, re-enactor, or as a patron paying a fee, I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to hold liable **Billie Creek**, their officers, employees, and agents, or their successors, heirs, assigns, or agents from liability from all claims in personal injury, accidents, or illness (including death) and property loss arising from but not limited to, participation in these activities

**Assumption of Risk:** Participation in these activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another and range from: Minor injuries such as scratches, bruises, and sprains. Major injuries such as eye injuries or loss of sight, joint or back injuries, heart attacks and concussions: catastrophic injuries including paralysis and death. As a condition of my participation, I assume the risk of injury to person or property arising out of such use of the premises. Furthermore, I agree to abide by all rules and regulations set forth by **Billie Creek**, which pertain to my personal safety and to that of others who may be with me within the premises at any given time. I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in these activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnity Agreement:** I also agree to INDEMNIFY AND HOLD Billie Creek, their successors and assigns HARMLESS from all claims, actions, lawsuits, procedures, costs, expenses, damages, and liabilities, that may be associated by anyone because of my participation in any activity such as tours or events of all types within the property known as **Billie Creek** or the grounds thereof whether as a volunteer or as a patron paying a fee.

**Acknowledgement of Understanding:** With the intent to be legally bound hereby, I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement fully and understand its terms and understand I am giving up all substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. By signing this waiver. I agree that you have the right to use any stories, photos, videos, and/or audio from or about Billie Creek that I post on any website, social network, or share with you, for advertising purposes.

I understand that by signing this form, I relieve the sponsoring unit, national, regional, and brigade organizations of all indemnity should I be injured or killed during this event. Further, I understand that as a representative of my unit and/or brigade during this event. I shall be subject to and must abide to all rules and regulations of the field commanders and the sponsor. This is to ensure my own safety and the safety of my fellow re-enactors. I am also subject to the authority of all officers and non-commissioned officers placed over me on the field in matters concerning the progress of the battle or competition in which my unit and I are involved.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Minors:

Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Waiver of Liability, Assumption of Risk, and Indemnity  
Agreement  
Civil War Days

**Billie Creek Civil War Days Reenactor Registration**

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Unit's Name: \_\_\_\_\_

Commanding officer Name: \_\_\_\_\_

Union: \_\_\_\_ Confederate: \_\_\_\_ Infantry: \_\_\_\_ Artillery\*: \_\_\_\_

Dismounted Cavalry: \_\_\_\_ Mounted Cavalry: \_\_\_\_ Sutler: \_\_\_\_ Attached Civilian: \_\_\_\_

Unattached Civilian: \_\_\_\_ Medical Union: \_\_\_\_ Medical Confederate: \_\_\_\_

Other: (please write in) \_\_\_\_\_

**Emergency Contact (required)**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is your e

**COMMANDING OFFICERS ONLY:**

Number attending:

Soldiers: \_\_\_\_\_

Civilians: \_\_\_\_\_

Number of artillery pieces: \_\_\_\_\_

Number of horses: \_\_\_\_\_

\*Attention Artillery - Completing this form does not guarantee any type of payment (bounty) for artillery. Bounties are handled on site, on a first come first serve basis. You will need to sign a separate form upon arrival at the event to receive the bounty for your gun(s).

**Please return this form by email or mail no later than two weeks before the event.**

**Billie Creek CWD**

**PO Box 357**

**Rockville, IN 47872**

**Email: [BillieCreekVillage@yahoo.com](mailto:BillieCreekVillage@yahoo.com)**