

HUNTINGTON BEACH HISTORICAL SOCIETY

June 20, 2008

Dear Re-enactor:

Once again, the Huntington Beach Historical Society is pleased to host the 2008 Civil War Days on August 30 - 31 (Labor Day weekend).

To comply with insurance requirements, all re-enactors/participants must register to participate in this event. To pre-register - please follow the instructions below, or you may register the day of the event at the HBHS Desk:

- ❖ Registration Fee is \$5.00 per re-enactor/participant;
 - Make checks payable to HBHS.
 - Mail checks to:
 - Kelly Rivers/HBHS
 - 19651 Seawind Circle, Huntington Beach, CA 92648
 - Payment is due no later than August 24, 2008.
 - Registration Fees help to cover the following:
 - Liability Insurance for Reenactor (required by the City of HB);
 - Camping fees for Central Park (typical cost is \$4 per person per night); and
 - Overhead costs (ie. Portopotties).
- ❖ The Re-enactor's General Release of Liability Form must be completed and submitted by August 24, 2008.
 - All participants in your family must be listed in the Release Form (including any dependent children).
 - Include birthdates of dependent minors.
- ❖ Parking:
 - Please print the attached parking permit and affix on vehicle during the event;
 - Parking will be located at the Ocean View High School parking lot or at the Sports Center parking lot next to the library.
- ❖ Check-in:
 - Upon arrival, please check in at the Pre-registration line;
 - You will receive your commemorative HB Civil War Days wristband.

We look forward to your participation.

Sincerely,

Kelly Rivers
Civil War Days Event Chair
Huntington Beach Historical Society

19651 SEAWIND CIRCLE • HUNTINGTON BEACH • CA 92648
714-969-8928

RE-ENACTOR’S GENERAL RELEASE OF LIABILITY

Since re-enacting is dangerous, all participants and parents of participants assume all risks by signing this General Release.

1. I acknowledge that re-enacting, black powder shooting and related activities are hazardous activities and that I have made a voluntary choice to participate in those activities despite the risks they may present. In consideration of my being permitted to participated in activities described at this function, I agree to assume ANY AND ALL RISKS OF INJURY OR DEATH which my be associated with, or result from, my participation in the events and activities.
2. I further **Release, Waive, Discharge and covenant not to sue** the Huntington Beach Historical Society, the City of Huntington Beach, (hereafter referred to as “The Organizers”), the trustees of, officers of, agents of, employees of, members of, or any other event organizer, owner or lessor of any property on which the event is conducted, from all liability for myself, or any party claiming an interest through myself, whether caused by their negligence or for any other reason, while preparing for, practicing for, traveling to and from, or participating in this event.
3. 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 this activity whether caused by their negligence or otherwise.
4. It is the intent of the undersigned that the above release be as broad 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 Organizers, its officers, trustees, agents, members and others mentioned above when engaged in activities which promote the participation in this event, or the preparation for or travel to such an event, and does not confer a release upon parties not acting in such a capacity.
5. I understand that this release applies to all parties, including dependent minors, listed below. I attest that all participants in my family for this event are listed below.
6. I hereby declare under the penalty of perjury of the laws of the State of California that the birthdates of the dependent minor children listed in this application are true and correct.
7. I, the undersigned, have read and understand this release and all its terms and warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I consent to whatever medical care might be provided or available for injury occurring during the above activities for myself and my minor children.

Print name	Signature
Print Spouse’s Name	Spouse’s Signature
Street	City/Zip
Email:	
Unit	Date

List all participating dependent children and birthdates (use back page if needed)
