



Civil War Museum

Participant Release Form

The Civil War Museum asks that all participants in our reenactor and living history programs complete and return this form. Please note that we require that this form (and the Weapons Rules Policy form) be submitted to us prior to every event in which you wish to participate. All participants (and parents of participants) assume all risks for themselves and their minor children by signing this release from liability.

General Release of Liability: By attending and participating in this activity, I recognize that there are risks associated with any living history program. I assume any and all risks of danger occasioned by my presence and participation in any and all activities in any way related to the living history program. I further agree to release and hold harmless the Civil War Museum and the City of Kenosha, their agents, employees, and volunteers from any and all claims for property damage or personal injury of any kind, no matter how incurred during my presence or while on their property.

Participant Name and Rank: _____

Unit Affiliation: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Names of any minor children participating in the program:

Name: _____

Name: _____

Name: _____

Name: _____