

FORT TEJON HISTORICAL ASSOCIATION 2010 MEMBERSHIP APPLICATION

PARTICIPATING MEMBERS MUST COMPLETE BOTH SIDES OF APPLICATION

A. thru E. check one – All memberships (A, B & D) include an email subscription to the FTTHA newsletter

- A. Individual Membership \$30.00 Must be 18 years of age or older.
- B. Family Membership \$40.00 Includes legal spouse and dependent children under age 18. Member and spouse both must initial and sign general liability release. Membership cards are issued to children 13 years and older.
- C. Minor(s) Without Parents Requires Family Membership \$40.00 and completed Guardian Assignment form for each participating minor. Refer to Section 12 of the FTTHA Civil War Rules and Regulations for information regarding minor participation.
- D. Sustaining Membership \$20.00 Non-participating / non-voting individuals. Receive FTTHA newsletter and access the FTTHA Discussion/Announcement Listserv. Complete F thru K only.
- E. Day Pass \$10.00 Issued to individuals for one event only. Day Pass may be modified to any membership within 30 days of purchase; forward unpaid balance with Day Pass to Membership Director.

PLEASE PRINT LEGIBLY

F.	NAME	BIRTH DATE	<u>Director Use Only</u>
	Member		Event / Mail
	Spouse		Amount Paid
	Child		Cash / Check No.
	Child		Date Data Entered
	Child		Date Card Mailed
	Child		Number Cards Mailed

G.

Street Address		
Mailing Address		
City	State	Zip

H.

Home Phone	Work/Cell Phone
Email 1	Email 2

I. Have you been a member of the FTTHA in the past? Yes / No

J. Mail the newsletter to me in hard copy (Add \$5 to membership fee above)

K. Are you interested in participating on any of the administrative committees or at the post store? Yes / No

L. What is your rank?

M. What is your unit (company/regiment)?

REENACTOR'S GENERAL RELEASE OF LIABILITY

Since re-enacting is dangerous, the FTHA requires all participants and parents of participants to 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 participate in activities described above at the Fort Tejon Historical Association (FTHA), a California non-profit corporation, I agree to assume ANY AND ALL RISKS OF INJURY OR DEATH which may be associated with or result from my participation in the FTHA events and activities.

Member Initial _____ Spouse Initial _____

2. I further **Release, Waive, Discharge** and **covenant not to sue** the FTHA, the organizers of any FTHA event, the trustees of, officers of, agents of, employees of, or members of the FTHA, or any FTHA event organizer, owner or lessor of any property on which the FTHA conducts any activity 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 any FTHA event.

Member Initial _____ Spouse Initial _____

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 FTHA activities whether caused by their negligence or otherwise.

Member Initial _____ Spouse Initial _____

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 FTHA, its officers, trustees, agents and members and others mentioned above when engaged in activities which promote the participation in the FTHA events, or the preparation for or travel to such an event, and does not confer a release upon parties not acting in such a capacity.

Member Initial _____ Spouse Initial _____

5. I understand that this release applies to all parties, including dependent minors, listed on my General membership application to the FTHA.

Member Initial _____ Spouse Initial _____

6. I hereby declare **under the penalty of perjury** of the laws of the State of California that the birth dates of the dependent minor children listed in this application are true and correct.

Member Initial _____ Spouse Initial _____

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..

Member Initial _____ Spouse Initial _____

8. I the undersigned, agree to abide by the by-laws, rules and regulations governing the F.T.H.A.

Member Signature _____ Date _____

Spouse Signature _____ Date _____

MAIL SIGNED FORM AND CHECK PAYABLE TO FTHA TO:
FTHA, POB 630586, SIMI VALLEY, CA 93063-0586