



# NATIONAL CIVIL WAR ASSOCIATION ASSIGNMENT OF TEMPORARY GUARDIANSHIP FORM

**INSTRUCTIONS:**

This form is only for use by people covered by an NCWA Family Membership.

This form allows the parents (or legal guardians) of a minor to assign temporary guardianship rights of one of their minor children to a willing adult NCWA member, aged 21 years or older, for the duration of an event that the parents (or legal guardians) would not themselves be attending.

One form must be filled out per minor. Multiple minors assigned in this way would require multiple copies of this form to be filled out, one filled out for each minor.

No more than two minors can be assigned to each willing adult NCWA member.

This form must be filled out completely, with signatures from one of the minor's parents (or legal guardians) along with the signature of the assigned guardian (i.e.—the willing adult NCWA member). It is the temporary assigned guardian's duty to keep the original copy of this form on them at all times while acting in the role of guardian, as well as to furnish the NCWA Secretary (or, in the Secretary's absence, another agent of the NCWA at the event in question) with a copy of the form to be filed with all other NCWA membership information.

**EXAMPLE CIRCUMSTANCE FOR FORM USE:** The most common use of this form is when the parents in an NCWA Family Membership cannot attend an NCWA Civil War Reenactment, but their minor child (or children) still wants to attend. In such instances, temporary guardianship usually is assigned to a willing adult NCWA member who is part of the same unit as the minor child (or children).

**PART I: STATEMENT OF INVOLVED PARTIES**

	Last Name	First Name	Membership #	Unit Name
Parent or Legal Guardian				
Minor Child				
Temporary Assigned Guardian				

**PART II: STATEMENT OF EMERGENCY INFORMATION**

Minor Child's Date of Birth: \_\_\_\_\_

Emergency Contact Phone Number of the Parent or Legal Guardian: \_\_\_\_\_

Medical Insurance Carrier/  
Plan Name: \_\_\_\_\_

Medical Plan Number: \_\_\_\_\_

Medical Plan Membership  
Number: \_\_\_\_\_

Medical Plan Contact  
Phone Number: \_\_\_\_\_

Check this box to indicate that a photocopy of the minor child's insurance card has been attached to this form. While this is not legally necessary so long as the rest of PART II is completed, including this attachment ensures medical care (if needed) cannot be denied.

**PART III: LEGAL ASSERTION OF TEMPORARY ASSIGNMENT OF GUARDIANSHIP WITH SIGNATURES**

I \_\_\_\_\_, hereby authorize \_\_\_\_\_, to serve as  
*Parent or Legal Guardian's Name* *Temporary Assigned Guardian's Name*  
the guardian of my minor child, \_\_\_\_\_, and permit him/her to participate in the activities of the  
*Minor Child's Name*  
National Civil War Association during the weekend of \_\_\_\_\_.  
*Date(s) of Participation*

I understand and acknowledge that the above-named individual shall be responsible for my child. I further Release, Waive, and Discharge the NCWA, the organizers of any NCWA event, the trustees of, officers of, agents of, employees of, or members of the NCWA, or any owner or lessor of any property on which the NCWA conducts any activity, from, and Covenant Not to Sue them for, any and all liability to my child, myself, or any party claiming an interest through myself or my child, for any and all loss or damage or demand therefore on account of injury to the person or property or death of my child, whether or not caused by their NEGLIGENCE or for any other reason, while preparing for, practicing for, traveling to or from, or participating in any NCWA event.

I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the parties released above, and each of them, from any loss, liability, damage or claim they may incur due to injury to or death of my child, damage to any property whether belonging to my child or others, or the presence of or my child's actions during any NCWA event, whether or not caused by their negligence or for any reason.

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I \_\_\_\_\_, accept the responsibilities of acting as the guardian for \_\_\_\_\_,  
*Temporary Assigned Guardian's Name* *Minor Child's Name*  
to permit him/her to participate in the activities of the National Civil War Association during the weekend of \_\_\_\_\_.  
*Date(s) of Participation* I certify that I am at least twenty-one (21) years of age, that I am a member in good standing of the NCWA, and that I acting as temporary guardian for not more than two (2) minors at this event.

**Temporary Assigned Guardian's Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_