



FORM 400

2022

MINOR STUDENT WITH SUPPORTING PARENT OR GUARDIAN

Administrative Use Only
Membership # _____
Total Paid: \$ _____
Payment: Cash or Credit Card or Check Check # _____
Date Received: _____
Date Approved: _____
Date Card Issued: _____
Database Entry Date: _____

INSTRUCTIONS: FILL OUT THIS FORM COMPLETELY, THEN SUBMIT THIS FORM WITH PAYMENT AND/OR SUPPLEMENTAL DOCUMENTATION (AS SPECIFIED BELOW) TO THE NCWA SECRETARY, EITHER IN PERSON OR BY MAIL TO:

1896 Rankin Drive, Carson City, NV 89701

PLEASE NOTE: AT YOUR FIRST EVENT OF THE YEAR, PLEASE COMPLETE AND SUBMIT ALL REQUIRED SAFETY TESTS TO YOUR UNIT COMMANDER FOR APPROVAL AND DELIVERY TO THE NCWA SECRETARY. THE NCWA USES SAFETY TESTS APPROVED BY THE **PACIFIC AREA CIVIL WAR REENACTORS (PACWAR)**.

MEMBERSHIP TYPE

CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

DEFINITION OF "MINOR STUDENT WITH SUPPORTING PARENT OR GUARDIAN": This membership category is for minor students (generally 8th grade through 12th grade) who desire to participate in NCWA programs, and have a family that does not wish to actively participate. This special category of membership requires the agreement of a minor student, the minor student's parent(s) or legal guardian(s), and a current adult member of the NCWA who is willing to be appointed as temporary guardian of the minor student at events. The minor student will receive a standard INDIVIDUAL membership in the NCWA, and the minor's parent(s) or full-time legal guardian(s) will receive a SUPPORTING INDIVIDUAL membership(s), with all the rights and responsibilities thereof, which will enable the minor's parent(s) or full-time legal guardian(s) to have access to their child during events.

NOTE: NCWA membership payments are fully tax deductible if you itemize your deductions on IRS Schedule A.

CATEGORIES OF MINOR STUDENT WITH SUPPORTING PARENT OR GUARDIAN MEMBERSHIP	PAYMENT
<input type="checkbox"/> NEW <i>The minor student has not previously been a member of the National Civil War Association.</i>	\$20
<input type="checkbox"/> RENEWING <i>The minor student has previously been a member of the National Civil War Association.</i>	\$20

MINOR STUDENT MEMBER INFORMATION

PLEASE PRINT YOUR RESPONSES

Last Name _____	First Name _____	Middle Initial _____
Mailing Address _____		
City _____	State _____	Zip _____
Date of Birth _____	Home Phone _____	Cell Phone _____
E-Mail _____	School Interests _____	

All NCWA communications will be electronic. If you prefer traditional mail, please check here and include \$5.00 extra to cover the cost of mailing.

I have included \$5.00 to cover mailing of the Dispatch and other NCWA communications.

SUPPORTING PARENT OR GUARDIAN'S INFORMATION

PLEASE PRINT YOUR RESPONSES

Last Name	First Name	Middle Initial
_____	_____	_____
Date of Birth	Home Phone	Cell Phone
_____	_____	_____
E-Mail		

<input type="checkbox"/> Check this box to confirm that the Supporting Parent or Guardian is the emergency contact for the Minor Student indicated in Part II. Otherwise, attach an extra sheet with the full name, date of birth, contact phone numbers, e-mail address, and mailing address of the designated emergency contact.		
<input type="checkbox"/> Check this box to indicate the Supporting Parent or Guardian's address is the same as the Minor Student's address indicated in Part II. Otherwise, please fill out the mailing address information below.		
Mailing Address		

City	State	Zip
_____	_____	_____

LEGAL ASSERTION OF TEMPORARY ASSIGNMENT OF GUARDIANSHIP WITH SIGNATURES

I _____, Parent or Legal Guardian's Name hereby authorize _____, Temporary Assigned Guardian's Name to serve as the temporary guardian of my minor child, _____, Minor Child's Name and permit my minor child to participate in events with the National Civil War Association during the 2015 calendar year.

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 _____, Temporary Assigned Guardian's Name accept the responsibilities of acting as the guardian for _____, Minor Child's Name to permit him/her to participate in the activities of the National Civil War Association during the 2015 calendar year. I certify that I am at least twenty-one (21) years of age, that I am a member in good standing with the NCWA, and that I acting as temporary guardian for not more than two (2) minors at any given event.

Temporary Assigned Guardian's Signature: _____ **Printed Name:** _____ **Date:** _____

Membership Number (If Known): _____ **Unit Name:** _____

MINOR STUDENT'S AFFILIATION "GREENHORN" NEW MEMBER

NEW MEMBERS: Your first year with the NCWA is generally focused on the development of your period impression. Depending upon what your interests are, you could immediately **join a unit** that appeals to you. Or if you have only a general idea of the part of history you wish to portray, you can **join a corps** to become familiar with the units available in that corps before choosing your unit. Or if you want to join now, and figure out your impression later, check the box above marked "**GREENHORN**" NEW MEMBER, and an NCWA representative will contact you and help you with selecting an impression that is right for you. If you join a corps or register as a Greenhorn, when you pick your unit, please complete and submit the *NCWA Transfer Form* to let us know your selection.

RENEWING MEMBERS: Please indicate your unit (or corps) of record below. If you wish to change your unit of record, please submit a completed *NCWA Transfer Form* to the NCWA Secretary for processing. Transfer forms may only be submitted once per year.

CORPS of the NCWA

Check the box next to your corps of record, or the corps you are joining.

 CONFEDERATE CORPS UNION CORPS CIVILIAN CORPS

FOR NEW MEMBERS ONLY: Your Selected Brigade Commander's Signature is Required:

Signature: _____

Date: _____

UNITS of the NCWA

Check the box next to your unit of record, or the unit you are joining.

C.S. ARMY OF NORTHERN VIRGINIA

- 5th Alabama Infantry
- 9th Virginia Cavalry
- 12th Virginia Volunteer Infantry
- 15th Alabama Hospital
- James River Squadron
- Norfolk Light Artillery Blues

U.S. ARMY OF THE POTOMAC

- 1st U.S. "Berdan's" Sharpshooters
- 2nd Mass. Vol. Cavalry "Cal 100"
- 7th Michigan Volunteer Cavalry
- 7th West Virginia Volunteer Infantry
- 69th NY "Irish Brigade" Vol. Infantry
- 71st Penn. "CA Brigade" Vol. Infantry
- 79th NY "Highlanders" Vol. Infantry
- U.S. Artillery Reserve
- U.S. Medical Corps

AMERICAN CIVILIANS

- Greenville Ladies Aide Society
- NY Irish Solider Relief Society
- Townspersons
- Trades & Professions Guild
- Working Woman's Guild & Sons

Rank: _____

Commanding Officer: _____

FOR NEW MEMBERS ONLY: Your Selected Unit's Commander's Signature (or other authorized signatory) is Required:

Signature: _____

Date: _____

Interested in forming a new unit? Fantastic!

Just write out the name of the historical unit you would like to recreate with the NCWA in the box below, and a member of the Administrative Board (or an authorized appointee thereof) will contact you to go over the process involved in creating a new unit.

Proposed Unit Name

Unit Corps Affiliation

STATEMENT OF EMERGENCY INFORMATION

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.

WAIVER

Name: _____ Organization: _____ Member #: _____

REVISED INTER-ORGANIZATION ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT
REENACTING IS DANGEROUS, AND IN CONSIDERATION OF OR BEING ALLOWED TO PARTICIPATE IN REENACTING
EVENTS ALL PARTICIPANTS AND PARENTS OF MINORS MUST INITIAL AND SIGN THIS AGREEMENT

I/we acknowledge that reenacting events, black powder shooting, and related activities are DANGEROUS and entail known and unknown risks that may result in emotional injury, personal injury or DEATH, to me/us, or damage to my/our property, or to other persons or parties or their property. Such risks of loss, injury of DEATH include, but are not limited to burns, cuts, terrain conditions, heat prostration and related conditions, use of black powder, explosions, impacts from debris, accoutrements, vehicles and/or weaponry, the failure to follow command orders or rules and regulations of event sponsors and host, rescue efforts or medical attention provided by anyone connected to reenacting events, cardiac conditions, falls or contact with animals.

- ASSUMPTION OF RISK: With full knowledge and appreciation of dangers, I/we have made a voluntary choice to participate in reenacting activities and events despite the risks that they present, and I/we voluntarily agree to assume sole responsibility for ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/us as a result of participating in these activities unless caused by the gross negligence or willful or wanton misconduct of a "released party" below.
INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER: _____
- RELEASE: I/we, on behalf of myself/ourselves and any party claiming an interest through me/us (including but limited to, heirs, spouses, parents, children and beneficiaries), voluntarily RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE, the American Civil War Association, the Battle Born Civil War Reenactors, the California Historical Artillery Society, the Civil War Reenactment Society, The Comstock Civil War Reenactors, the National Civil War Association, The Nevada Civil War Volunteers, or the Reenactors of the American Civil War; the trustees of, officers of, agents of, employees of, or members of any of these reenacting organizations; any owner, lessor, or lessee of any property on which these reenacting organizations conduct any activity; or the sponsors or the organizers of any reenacting event (singularly "released party" and collectively "released parties") from and for all liability, claims, demands, actions, loss or damage on account of any injury to my/our person (INCLUDING DEATH) or property, whether caused by their NEGLIGENCE or for any other reason, excepting only the gross negligence or willful or wanton misconduct of a "released party," while preparing for, practicing for, traveling to or from, or participating in, any reenacting event.
INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER: _____
- INDEMNIFICATION: I/we agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the "released parties" from any loss, liability, damage, claims or costs, including court costs and attorney fees that they may incur arising out of related to my/our participation in reenacting activities and events, whether caused by their negligence or for any other reason, excepting only their gross negligence or willful or wanton misconduct.
INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER: _____
- SEPERATION OF RELEASES: I/we agree that this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT applies separately to each of the "released parties" and that the gross negligence or willful or wanton misconduct of one "released party" will not negate my/our assumption of the risk, release of, and duty to indemnify any "released parties" who are not grossly negligent or who have not acted willfully or wantonly.
INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER: _____
- BREADTH: it is the intent of the undersigned that this ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT shall be as broad and inclusive as is permitted by California Law. If any clause, subclause or portion of any sentence is held invalid, I/we agree that the balance shall continue in full force and effect.
INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER: _____
- MEDICAL CONSENT/RULES: I/we consent to whatever medical care might be provided or available to me/us for any injury occurring during my/our participation in reenacting activities or events. I/we further agree to be bound by, and abide by, the rules of the "released parties" while participating in any event or activity sponsored by, or affiliated with them.
I INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER: _____
- WARRANTY: I/we have read and understood this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT and all its terms. I/we warrant that no representations, statements or promises have been made to me/us to induce me/us to execute this agreement and that I/we do so voluntarily.
INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER: _____
- GOVERNING LAW: This agreement shall be interpreted in accordance with, and governed in all respects by, the laws of the State of California.

SIGNATURE OF APPLICANT:

Print Name: _____ Signature of Applicant: _____

Date: _____ / _____ / _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN OF MINOR:

I, the undersigned, warrant that I am the parent or legal guardian of the minor child for whom the ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT applies, and further warrant and represent that I am empowered to execute this release on his or her behalf.

Print Name: _____ Signature of Parent/Legal Guardian of Minor: _____

Date: _____ / _____ / _____