

# The 153<sup>rd</sup> Anniversary Battle of New Market Reenactment

## May 20-21, 2017

Please fill out this form completely. Each individual must complete and sign their own registration form. **Families may fill out just ONE form.** If registering for a family, put all names on a separate piece of paper. **Include the names of minor children and their AGES. Everyone MUST sign the waiver . Parents may sign for your minor children and include their AGE.** Your confirmation will be mailed to you. **Registration will be \$10.00** for ages 12 & up until **February 15, 2017** From **February 16– April 30, 2017** registration will be **\$15.00**. **AFTER April 30, 2017 YOU MUST REGISTER AS A WALK-ON at \$20.00.**

### PLEASE PRINT

Name \_\_\_\_\_

Unit Name \_\_\_\_\_ Unit Commander \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone (Day) \_\_\_\_\_ Night \_\_\_\_\_

Affiliation (USV, Longstreet, PACS, ANV, etc.) \_\_\_\_\_

### List the Number of participants by category

(US Infantry) \_\_\_\_\_ (CS Infantry) \_\_\_\_\_ (Authentic Civilian) \_\_\_\_\_

(US Mounted. Cav) \_\_\_\_\_ (CS Mounted Cav) \_\_\_\_\_ (Cavalry- # of Horses) \_\_\_\_\_

(US Dismtd. Cav.) \_\_\_\_\_ (CS Dismtd. Cav) \_\_\_\_\_ (\*Other – describe) \_\_\_\_\_

(US Artillery) \_\_\_\_\_ (CS Artillery) \_\_\_\_\_ Type of gun \_\_\_\_\_

TOTALS: Military# \_\_\_\_\_ @ \_\_\_\_\_ =\$ \_\_\_\_\_

Civilian# \_\_\_\_\_ @ \_\_\_\_\_ =\$ \_\_\_\_\_

Under 12 # \_\_\_\_\_ (**Children under 12 are free but must be registered.**)

**\*Note: Specialty living history impressions are approved on a case by case basis.**

Total Amount Enclosed \$ \_\_\_\_\_ *Proceeds support the educational mission of the Park!*

Make checks payable to **NEW MARKET EVENT**. Mail completed registration form to  
New Market Event - 2449 Heidlersburg Rd., Gettysburg, PA 17325.

Contact: Ron Paull - (717) 528-4064- 5PM – 9PM e-mail- [newmarketevent@comcast.net](mailto:newmarketevent@comcast.net)

## Release from Liability

Each registered participant **MUST SIGN** a separate release form. **Families may sign one form and parents please include the name and age of any minor children.**

I, the undersigned, do hereby certify that I am voluntarily registering and participating in the reenactment of the battle of "NEW MARKET", held May 20<sup>th</sup>- 21<sup>st</sup> 2017 at the Virginia Museum of the Civil War and, New Market Battlefield State Historical Park, New Market, VA. I fully recognize the danger to battle reenactments and especially those on natural terrain involving large numbers of infantry, cavalry and artillery, and do hereby specifically assume the risk of financial loss of bodily injury, including death to myself or loss of my personal property due to attendance at this event and likewise take full responsibility for any damage or injury caused by myself or to my property.

I further stipulate that in my opinion the organizers of this event have taken every precaution to make this event as safe a possible, but fully realize that the organizers, M & R Productions and Virginia Museum of the Civil War, New Market Battlefield State Historical Park and Virginia Military Institute are no insurers of my safety. I hereby agree to hold harmless M & R Productions, Virginia Museum of the Civil War, New Market Battlefield State Historical Park and Virginia Military Institute, their agents, officers, and employees, as well as the participants and spectators of this event, for any injury or financial loss of any kind, including death, received or suffered by me or my heirs due to my participation in this event.

I do hereby authorize the release of any and all Medical Reports incurred by myself to M & R Productions and Virginia Military Institute for the sole purpose of insurance necessities.

**Photo Release:** Each of the undersigned being fully aware that all photographs and footage taken at said event, "New Market", shall become sole property of M & R Productions, Virginia Museum of the Civil War and Virginia Military Institute. NO Photographs, videos or film footage shall be reproduced for profit making purpose without the express permission of M & R Productions and Virginia Museum of the Civil War and Virginia Military Institute.

In signing the forgoing release, each of the undersigned hereby acknowledges and represents that he/she is over the age of majority and not a minor, and is of sound mind.

Name \_\_\_\_\_ Unit \_\_\_\_\_  
(Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Pre-registered \_\_\_\_\_ Walk-on \_\_\_\_\_

*All Personal Information is kept confidential.*