

**REGISTRATION FORM**  
**ERIE CANAL VILLAGE, CIVIL WAR WEEKEND**  
**AUGUST 11<sup>TH</sup> – 12<sup>TH</sup> 2012**

Please fill out the form completely and list all the members of your unit on the back. **There is a \$5.00 registration fee per member** (\* see note) **payable by July 15, 2012.** All participants are required to check in with the registration desk upon arrival. Walk-Ons will be permitted at the discretion of the Event Organizer. Please make checks payable to: **12<sup>th</sup> United States Infantry, Co. A** and send to: **Sgt Neil MacMillan**

*12<sup>th</sup> US Infantry Registrations*  
*PO Box 5384*  
*Syracuse, NY 13220-5384*

*\* No substitutions will be  
accepted after Aug 3, 2012*

There will be a Saturday Evening Dance. Refreshments will also be available at the dance.

**CS MILITARY AFFILIATION:**  ANV  CMF  FCL  IVR  Jackson  
 Longst  PACS  Stuarts Brgd  1st Confed. Batt.  Other\_\_\_\_\_

**CS CIVILIAN**

**US MILITARY AFFILIATION:**  Irish  Mifflin  NR  Smyths  USV  
 Vinc  Other\_\_\_\_\_

**US CIVILIAN**

**SUTLER (\$25)**

**NUMBER OF UNIT PARTICIPANTS:** Infantry \_\_\_\_\_ Artillery \_\_\_\_\_ Medical \_\_\_\_\_  
Signal Corps \_\_\_\_\_ Cavalry \_\_\_\_\_ Civilian \_\_\_\_\_ Minors \_\_\_\_\_  
*(12 AND UNDER FREE)*

**CAVALRY & STAFF: NUMBER OF HORSES:** \_\_\_\_\_ (Copy of Coggins Cert. Required)

**# OF CANNON:** \_\_\_\_ **Type:** \_\_\_\_\_ **FULL & ¾ SCALE ONLY**

**UNIT NAME:** \_\_\_\_\_

**INDIVIDUAL or UNIT CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Will you be doing a scenario?  Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

I understand that the 12<sup>th</sup> United States Infantry, Company A and the Erie Canal Village adhere strictly to the United States Volunteers/Army of Northern Virginia Safety Regulations at all times. Loaded handguns will not be permitted on the field of battle. I have reviewed and understand them and agree that our unit will adhere to these regulations. We also understand that anyone violating these rules will be asked to either leave the field or be asked to leave the grounds at the discretion of the event safety officer or Erie Canal management. A copy of the Regulations are available at the USV website at [www.usvolunteers.org](http://www.usvolunteers.org) or at the 12<sup>th</sup> US web site at [www.the12thus.com](http://www.the12thus.com). A copy of this form must be on file with the event organizers prior to participation.

\_\_\_\_\_  
Signature of Unit Representative

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

**INDIVIDUAL WAIVER  
ERIE CANAL VILLAGE, CIVIL WAR WEEKEND  
AUGUST 11<sup>TH</sup> – 12<sup>TH</sup> 2012**

**Please read this carefully as you are waiving certain legal rights by signing this Participant Release Form. (This is required for each individual participating).**

**CHECK ONE:**      **UNION:**                     CIVILIAN                     MILITARY  
                         **CONFEDERATE:**                     CIVILIAN                     MILITARY  
  
                          SUTLER                                     VOLUNTEER

**PLEASE PRINT CLEARLY:**

**UNIT NAME:** \_\_\_\_\_

**PARTICIPANT NAME & RANK:** \_\_\_\_\_

**PARTICIPANT ADDRESS** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ (for office use only)

By attending and participating in this reenactment, I recognize that there are risks attendant to this activity, including, but not limited to, open campfires, handling and use of black powder, discharge of small arms and cannons, the risk of injury attendant to movement of large groups of people, the presence and use of horses and/or other animals and risks associated with primitive camping. I hereby assume any and all risks occasioned by my presence and/or participation in any and all activities in any way related to the reenactment. I further agree to release and hold harmless Erie Canal Village; 12<sup>th</sup> United States Infantry, Company A; their agents, assigns, members, employees, directors and officers from any and all claims for property damage or personal injury of any kind, no matter how incurred, sustained during my presence and/or participation at the reenactment or while on their properties.

**FAMILY MEMBERS MAY SIGN ON SAME WAIVER                    DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_                                    **SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_                                    **SIGNATURE:** \_\_\_\_\_

**MINORS:**

**LIST NAMES OF MINOR CHILDREN UNDER 18 YEARS OF AGE**

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