

Unit _____

**BELLE PLAINE CIVIL WAR DAYS
ON-SITE REGISTRATION AND WAIVER FORM
September 18-20, 2009**

Name _____

Address _____

In case of emergency, contact _____

Emergency contact's Phone Number _____

Relationship _____

Waiver of Liability – Please read carefully and sign

The City of Belle Plaine and the Belle Plaine Community Development Corporation, both individually and collectively, assume NO LIABILITY for property loss or damage, accidents, injury or death from any cause. By signing this form, you as an individual are acknowledging that you understand that the event hosts, the Belle Plaine Community Development Corp., the Organizing Committee, and the City of Belle Plaine, as organizations and individuals, will not be held responsible in any way for loss, accidents and/or injuries at this event. You are also acknowledging that you have adequate insurance, or are self-insured, for any such emergencies that should arise while participating in this event. You are furthermore agreeing to abide by all laws and ordinances and the rules of the organizing committee, the City of Belle Plaine, and the respective commanders. The organizing committee has final jurisdiction in all disputes. If you do not understand this waiver form, or have any questions before signing this release, please contact a member of the Belle Plaine Community Development Corporation or the organizing committee. **This waiver must be signed to participate in this event. If this registration and waiver is for a participant under the age of 18, an adult responsible for their welfare and conduct must sign it.**

Signature _____ Date _____

If this registration is for a minor:

_____ Date _____

(Signature of Parent, Legal Guardian, or Responsible Supervising Adult)