

Thank you for your interest in participating in Living History with the 12th Va. Infantry, Co. B. Our membership has determined that we need the following information from you, and an agreement that you will abide by our requests and rules for the duration of the event. In no way are you obligated to the 12th beyond the expectations set below, and by signing this form you acknowledge that you release the 12th Va. Infantry, Co. B from any liability or indemnity that may be related to your participating with us. The information you provide is only to help us in the event of an emergency, and will not be provided to any other organization. We also reserve the right to limit the number of times a non-member may participate with us, before they join as a full or associate member. The following applies to both military and civilian reenactors.

1) We ask that you camp with our members at the event where practical. If this is not feasible, during the duration of the event it is important that you stay in contact with our leadership, and that they know how to contact you.

2) We require that military folks go through a short safety/drill proficiency demonstration with an NCO, before being allowed to take the field with us. Safety is a number one priority for us, and our safety rules are vigorously enforced. Please follow them or you will be asked to leave immediately.

3) We ask that you be present and participate in roll call each morning, for dress parades, and for any Company drill. As a unit, we do these activities regularly, and you are expected to participate with us. If you expect to use any of our amenities, (such as water, fire, shade, etc.) you may be asked to assist in fatigue duties, such as getting water and firewood, setting up flies, etc.

4) It is recognized that non-members will not have our standard uniforms and gear; however, you must agree to remove or not use any blatantly anachronistic items or those which are inappropriate in our ranks.

Please complete and sign:

Name:

Age:

Address:

Phone number:

E-mail Address:

Emergency Contact Information:

Unit affiliation:

Health insurance information (carrier, policy number):

By signing this, I hereby agree to the terms and conditions written in this form. I understand I may be told to leave the company of the 12th Va., Co. B if I do not abide by the conditions detailed herein or if I provide false information.

Sign