

145th Anniversary
The Battle of New Market
May 15th-16th 17th, 2009

Please fill out this form completely. Each individual must complete and sign their own form. Families can fill out one form. If filling out for a family, put all names on a separate piece of paper. Include names of minor children and their AGES. Everyone MUST sign the waiver. Parents, sign for your minor children and include their AGE. Your confirmation will be sent to you.

Registration will be from 9/1/08 to 12/31/08 registration will be \$10.00. From 1/1/09 – 3/31/09 registration will be \$12.00. From 4/1/09 – 4/30/09 registration will be \$15.00 AFTER- 4/30/09- YOU MUST REGISTER AS A WALK-ON IF AVAILABLE - \$20.00.

PLEASE PRINT

YOUR Name _____

Unit Name _____ Unit Commander _____

Mailing Address _____

City, State, Zip _____

e-mail address _____ Phone day) _____ Night _____

Organization Affiliation(USV,PACS,ANV,etc.) _____

List the Number of participants by category

(US Infantry) _____ (CS Infantry) _____ (Authentic ivilian) _____

(US Mtd. Cav) _____ (CS Mtd. 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.)

Total amount Enclosed\$ _____

Make checks Payable to NEW MARKET EVENT. Mail completed registration form to New Market Event- 2449 Heidlersburg Rd., Gettysburg, PA 17325. PROCEEDS GOING TO NEW MARKET BATTLEFIELD.

Contact: Ron Paull - (717) 528-8761 5PM – 10PM (NEW) E-Mail: newmarketevent@embarqmail.com

Each registered participant MUST SIGN a separate form. Families may all sign one form. Parents please sign for their minor children and include name and age.

Release from Liability

I, the undersigned, do hereby certify that I am voluntarily registering and participating in the reenactment of the battle of "NEW MARKET", held May 15, 16, 17, 2009 at NEW MARKET 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 as possible, but fully realize that the organizers, M & R Productions and New Market Battlefield State Historical Park, Hall of Valor Museum and Virginia Military Institute are no insurers of my safety. I hereby agree to hold harmless M & R Productions, New Market Battlefield State Historical Park, Hall of Valor Museum, 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, New Market Battlefield State Historical Park, Hall of Valor Museum 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, New Market Battlefield State Historical Park, Hall of Valor Museum, and Virginia Military Institute. NO Photographs, videos or film footage shall be reproduced for profit making purpose with the express permission of M & R Productions and New Market Battlefield State Historical Park, Hall of Valor Museum, 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
(Print) _____ Unit _____**

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Phone _____

Signature _____

Pre-registered _____ Walk-on _____

All Personal Information is kept confidential.