

**Yadkin Stars and Yadkin Boys Living History Association  
28th North Carolina Troops Companies B, C, F & I (28<sup>th</sup> NCT)**

**Release of Liability**

I, the undersigned do hereby acknowledge that I am a participant in Civil War Re-enactments or Living Histories in which the Yadkin Stars and Yadkin Boys Living History Association is participating.

I acknowledge that I am familiar with the activities in which I will be participating. I assume fully and completely any and all risk of injury to myself or my property arising either directly or indirectly from my participation or from any injury or loss suffered by me or by my property. I also absolve the Yadkin Stars and Yadkin Boys Living History Association for any such injury or loss.

I agree to indemnify and to hold harmless the Yadkin Stars and Yadkin Boys Living History Association from any injury or loss suffered by me at the event as a result of my acts or omissions.

By my signature below, I hereby release and discharge, and by these presents do for myself, my heirs, executors, administrators, and assigns release and forever discharge the Yadkin Stars and Yadkin Boys Living History Association, or anyone acting on their behalf, of and from any and all claims, demands, damages, actions, causes of action, or suits at law or equity, or whatsoever kind of nature, for or because of any matter or thing done, omitted or suffered to be done by the aforementioned, or anyone acting on their behalf arising from or associated with my presence at or travel to and from any event in which the Yadkin Stars and Yadkin Boys Living History Association participates, including but not limited to all claims for personal injury or property damage, whether sounding in contract or tort.

***Only family members may sign on the same waiver***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_