



I Co. 3/502 / F Co. 2/327



"To honor not glorify"

APPLICATION, WAIVER of LIABILITY, and AUTHORIZATION of EMERGENCY
MEDICAL CARE FORM
(Please Print)

First and Last Name: _____

Home Address: _____

Home# _____

Work# _____

Cell# _____

Email: _____

Sponsor: _____

I (print name) _____ acknowledge that there may be dangers which can be associated with a reenactment of any military maneuver or combat encounter such as indicated above and I accept these dangers voluntarily. The undersigned person acknowledges that they have read and understand the rights waived herein and that a copy of this form has been offered to them.

Do hereby authorize the sponsors of this unit to authorize any emergency medical treatment on my behalf in the event that I should sustain any injury or suffer any medical distress while participating. It is understood that this is not a transfer of liability or responsibility to the event coordinator or property owner or any other agent, but is intended to authorize medical care on my behalf in the event that I am unable to provide for myself.

In signing this authorization of medical care, I hereby acknowledge that I have read the above and that a copy of this form has been offered to me.

Signature _____ Date _____

Notify _____ Phone _____

Please note any known medical conditions below:

ANNUAL DUES: \$20.00 for single, \$25.00 father / son per year. Memberships run from 1-Feb through 31-Jan. Please note that if your unit dues are current, membership in WWII HRS is optional. Mail this form and payment to:

**John Fowler
8490 Eagle Pass Dr.
Huber Heights, OH 45424
(937) 205-5580**