

Great War Association Release of Liability / Assumption of Risk Agreement

This is a release of liability. This form must be read and signed in agreement before the participant is allowed to take part in any Great War Association event.

Living history reenactments take place on the property owned by the Great War Association located in Newville, Pennsylvania. In consideration of being permitted to participate in any way in the events and activities of the living history reenactments, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities, weaponry, terrain, and other hazardous features, man-made or natural, involved in Great War Association events is significant, including the potential for permanent disability and death. While particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation.
3. I understand that the activities and events are physically and mentally intense. I assume the responsibility to learn the rules for safety and protection. I agree to adhere to all rules given, or forfeit my privilege of participating. If I feel that any activity is unsafe, I have the responsibility to bring it to the attention of the Great War Association and, at my own option, may choose not to participate if I feel it is unsafe.
4. I hereby agree to indemnify and hold harmless the Great War Association and any of its members or associates with respect to any and all injury, disability, death or loss of damage to person or property, whether caused by the negligence of the releasees or otherwise.
5. I understand and agree that this Release of Liability and Assumption of Risk Agreement may cover any and all future events and activities for this premises in which I participate hereafter.
6. I will use utmost caution and common sense at all times while an event is in progress, REGARDLESS of whether I am in the combat area or not. I will keep my weapon safety devices in place at ALL times when an event is not in progress and follow all GWA safety regulations.

_____ I have READ this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

_____ I have read and agree to abide by all safety regulations, attend the mandatory safety briefing, and follow instructions of safety officers.

_____ I attest that any Class 3 firearms I will bring onto GWA property are appropriately registered with the Bureau of Alcohol, Tobacco, Firearms, and Explosives.

Signature: _____ Date: _____

Name (Printed): _____ Unit: _____