

**THE BATTLE OF RICHMOND ANNUAL REENACTMENT AT
RICHMOND BATTLEFIELD PARK**

REGISTRATION If you have not pre-registered, please complete the top form.

Name _____

Address _____

City, State and Zip _____

Phone _____ Email _____

Military Unit and Rank _____

CSA: Infantry _____ Artillery _____ Cavalry _____ Medical _____ Civilian _____

USA: Infantry _____ Artillery _____ Cavalry _____ Medical _____ Civilian _____

PLEASE READ AND SIGN THIS RELEASE AND INDEMNIFICATION As a condition of my participation in the Battle of Richmond reenactment, I do release, discharge, indemnify and hold harmless The Battle of Richmond Association, Madison County Fiscal Court and the Blue Grass Army Depot for any/all claims, debts, obligations and liabilities, known and unknown, foreseen and unforeseen, temporary or permanent, and injuries permanent, physical or mental.

I further agree that all film production units, photographers and other reproducers of my image or likeness have the right to do so and license to others the use of my likeness and voice without limitations, fee or royalty. I understand that this release is binding on my family, successors, heirs, assigns and representatives. I understand that reenacting can be dangerous. I enjoy reenacting and assume all its risks and limitations.

PRINT YOUR NAME if NOT GIVEN ABOVE _____

PLEASE SIGN _____ DATE _____