7th Michigan Volunteer Infantry Company B, Inc
Hold Harmless Minor Release Agreement and Form

I understand that participation in reenacting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risks involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I hereby remiss, release and forever discharge, and will hold harmless the 7th Michigan Volunteer Infantry Company B, Inc., and its respective officers, employees, agents, executors, members, and assigns, related parties, and other organizations associated with the activity from any and all claims or liability arising out of this participation. I, further do severally and jointly for the below listed minor, my heirs, executors, administrators, representatives and assigns, assumes all risks of loss, damage or injury, including death, that may occur to, and be sustained by the minor arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to

_____ (*7th Michigan Adult Sponsor*)

to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the 7th Michigan Adult Sponsor listed above examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the minor's parents or guardian, and/or determination of the minor's ability to continue in the program activities.

Name/Location of Event:

_____

Minor's Name: _____

Parent(s) Printed Name:

_____

Parent(s) Signature:

_____ _____
Date

Once executed, a copy of this agreement needs to be retained by the parents of the minor, the 7th Michigan Sponsor, and placed on file with the Secretary of the 7th Michigan Board of Director.

Approved August 18, 2011
Lansing, Michigan

7th Michigan Volunteer Infantry Company B, Inc
Minor Release Form

Combined Permission, Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information

Minor's Name: _____
(First, M.I., Last)

Birth Date: _____

Address:

_____
Street City State Zip

Home Phone: _____

Parents Name(s):

_____

Parents Contact Information:

Work Phone(s): _____ _____

Cell Phone(s): _____ _____

In Case of Emergency Contact:

Name: _____ **Daytime Phone:** _____

Relationship: _____ **Evening Phone:** _____

Name: _____ **Daytime Phone:** _____

Relationship: _____ **Evening Phone:** _____

Name and phone number of primary treating physician:

_____

Insurance Provider (Name, Contract Number and Group Number):

_____

Allergies (including medications) / Special Health Concerns:

_____

_____

_____

Approved August 18, 2011
Lansing, Michigan