

Registration for Schola Historica: Life on the March
May 26th, 27th, 28th; 2018

Name: _____ Mobile: _____

Address: _____

Email: _____

List the unit or group you are attending with (or 'none'): _____

Persona: _____

Social Class: _____ Time Period: _____

Occupation: _____

Home: _____

Brief Persona Background:

Please also submit photographs of clothing, tent (if you have not provided a manufacturer link), and any weapons you intend to bring along with the manufacturer specifications of those weapons. All of the above are subject to approval by the Event Coordinators.

Encampment Information

We encourage all participants to bring period tents, if you do not own one, there is limited space available. Please contact us directly if you require this option.

Tent Style: _____ Tent dimensions: _____

Tent Manufacturer Site (or enclose a photograph): _____

How many will be staying in this tent: _____ Would you be will to host other people as well: _____

If you wish to participate in military activities (open to any gender) please indicate in which areas

Pike: _____ Shot: _____ Artillery: _____ Other (explain): _____

Soldiers, please list your 16th and 17th century military experience, and any rank requests:

What do you most want to do at this event?

Do you have anything you would like to teach?

Do you have other skills that might be useful to us?

Food Planning

If you wish to purchase the meal plan, please fill in this form.
The meal plan includes 2 simple breakfasts, 2 large lunches, and 1 simple dinner.
Only one form is needed per family.

Name: _____

Persona: _____

I am purchasing a plan for (indicate how many of each):

Participants 11 and older at \$20 per person: _____ For a total of: \$ _____

Participants 10 and younger at \$10 per person: _____ For a total of: \$ _____

Grand Total: \$ _____

Please list food allergies and/or dietary restrictions:

I understand that though the menu planners will do their best to accommodate all dietary restrictions, it may be the case that not all can be accommodated. In such an event, meal plan payments will be returned only if requested by me **PRIOR** to the event. No payment returns will be made once the event has begun.

Name: _____

Signature: _____

Medical and Emergency Information

Participants Name (not persona): _____

On site guardian, if under 18: _____

Emergency Contact: _____

Daytime Phone: _____ Mobile Phone: _____

Relation to you: _____

On Site Emergency Contact (if applicable): _____

Do you have any Medical training and/or certifications?

Please list all allergies and medical conditions, as well as any medications that an Emergency

Responder would need to know about:

Release and Waiver of Liability and Indemnity Agreement

Event: Schola Historia: Life on the March
Date: May 26th, 27th, 28th; 2018
Location: The Fort at Number Four, Charlestown, New Hampshire

In consideration for permitting me, the undersigned, to participate in the above-referenced event (the "Event"), I, on behalf of myself, my heirs, personal representatives or assigns, agree as follows:

I hereby represent and warrant that (a) I am over eighteen (18) years of age and competent to contract in my own name; and (b) I have read, understand, and agree to abide by the contents of this release.

I understand and acknowledge that I understand the nature of the Event and that my participation is voluntary; that I am in proper physical condition to participate therein; that there are inherent risks and dangers associated with the Event; and that, except as expressly set forth herein, I knowingly and voluntarily accept and assume responsibility for each of these risks and dangers and all other risks and dangers that could arise out of or occur during my participation in the Event.

I hereby release, waive, discharge and covenant not to sue the Event organizers, the Fort at Number Four, and any of their respective officers, employees, agents and representatives (collectively, the "Releasees") from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to my participation in the Event, except for those caused by the willful misconduct or gross negligence of the Releasees.

I hereby agree to indemnify, defend, and hold harmless the Releasees from and against any and all claims, actions, suits, demands, costs, expenses, damages and liabilities, including but not limited to attorney's fees, arising from or in any way related to my participation in the Event, except for those caused by the willful misconduct or gross negligence of the Releasees.

I understand that still or motion photography ("Images") may take place during the Event, and I grant to the Releasees a perpetual, worldwide, irrevocable right to reproduce, edit, publish, display, play, air, broadcast or distribute (collectively, "Use") any Images taken during the Event in which my likeness may appear. I waive any right to inspect or approve such Images, and I waive any right to royalties or other compensation arising from or related to the Use of the Image(s).

I expressly understand and agree that the foregoing release, and waiver of liability and indemnity is intended to be as broad and inclusive and as complete and unconditional a release of liability as is permitted by applicable law, and that if any portion thereof is held invalid, the remainder shall continue in full force and effect. I further understand and agree that I am signing this agreement freely and voluntarily.

Name (Print): _____ Date: _____

Signature: _____

Parent/Guardian signature: _____