

Banner of Jasna Gora Membership Application

For affiliate groups of the NRA and participants in NRA's reenactor insurance program

(Each participating member shall fill out a separate application. All Minors (under 18) must have a parent/guardian who is a member)

Part I: Form Use:

New Member Renewal Supporting Member (Not a living history participant)

Part II: Member Information: (Please Print)

Name (Last) Name (First) M.I.: _____

Mailing Address : _____

: _____

Number Daytime Phone / Evening Phone / Email Address:

Date of Birth: _____ Are you an Individual NRA member? Y/N

Part III: Unit/Club Affiliation:

Banner of Jasna Gora _____

Unit Role (optional): _____

I/We the applicant by paying the annual dues and executing the reverse or second page of this application, agree to abide by safe practices, by the By-Laws, Rules and Regulations governing the Banner of Jasna Gora and said unit thereof and release them from any and all obligations.

I/We hereby certify that all statements made on this application are true and correct to the best of my/our knowledge, and understand that any false statement will subject me/us to disqualification or dismissal. I/We consent to your seeking information on any of the above information and that I/We hereby release from liability all persons and organizations furnishing such information.

INTER-ORGANIZATIONAL ASSUMPTION OF RISK, GENERAL RELEASE OF LIABILITY, HOLD HARMLESS AND AGREEMENT NOT TO SUE

BECAUSE REENACTING IS DANGEROUS, WE REQUIRE ALL PARTICIPANTS AND PARENTS OF PARTICIPANTS TO ASSUME ALL RISK OF INJURY OR DEATH BY SIGNING THIS ASSUMPTION OF THE RISK, GENERAL RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE.

I/we acknowledge that reenacting, black powder shooting, swordplay, and related activities are HAZARDOUS activities and that I/we have made a voluntary choice to participate in those activities despite the risks that they may present. In consideration of my/our being permitted to participate in the activities described above, I/we agree to assume ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result from my/our participation in reenacting events and activities. Such risks of injury or death may be caused in whole or in part by: burns, cuts, terrain conditions, heat prostration and related conditions, gunpowder, explosions, impacts from debris, accoutrements, vehicles and/or weaponry, the failure to follow command orders or rules and regulations of event sponsors and host, rescue efforts or medical attention provided by anyone connected to the reenacting event, cardiac conditions, falls, or contact with animals. (NOTE: this is NOT a list of all hazardous activities related to reenacting and black powder shooting. Accordingly, even if injury or death is caused by some other risk or hazard not listed above, I/we still agree to assume any and all risk of injury or death which might be associated with or result from my/our participation in reenacting events and festivals.

INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER

I/we further release, waive, discharge and covenant not to sue the sponsors or the organizers of any reenacting event, the trustees of, officers of, agents of, employees of, or members of any reenacting organizations identified below, or any owner, lessor, or lessee of any property on which the reenacting organizations identified below conduct any activity from all liability to myself, or any party claiming an interest through myself (including but limited to, heirs, spouses, children and beneficiaries), for all loss or damage or demand therefore on account of injury to the person or property or death of myself, whether caused by their NEGLIGENCE or for any other reason, while preparing for, practicing for, traveling to or from, or participating in, any reenacting event.

INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER

I/we further INDEMNIFY AND HOLD HARMLESS the parties released above, and each of the parties released above, and each of them, from loss, liability, damage or a claim they may incur due to the presence of my/our actions during reenacting activities, whether caused by their negligence or otherwise.

INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER

It is the intent of the undersigned that the above, release of liability and agreement not to sue, be as broad and inclusive as allowed by law, and that if any portion is invalid, the remainder shall continue in full force and effect. This Release is entered into solely for the benefit of the persons and entities identified in it and their officers, trustees, agents, employees and members when engaged in activities that promote the participation in events sanctioned by the groups named below or the preparation for, participation in or travel to such events, and does not confer a release upon the parties not acting in such capacity.

INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER

I, the undersigned, have read and understood this release and all its terms. I warrant that the above is true and correct in all respects and that no representations, statements or inducements apart from the foregoing have been made. I consent to whatever medical care might be provided or available for injury occurring during the above activities.

INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER

This assumption of the risk, general release, covenant not to sue and hold harmless and indemnity agreement is applicable to participation in any event or activity hosted or sponsored by, or affiliated with, Sienkiewicz Society, ECWSA, or other sponsoring organization. I further agree to be bound by, and abide by, the rules of these organizations while participating in any event or activity sponsored by, or affiliated with, them.

INITIAL HERE: _____ INITIAL OF MINOR IF 12 OR OVER

Print Name: _____ (individual or parent/guardian if under 18)

Signature: _____ Date: ____/____/____

Associate Membership Fees:

Individual \$25.00; Household \$40.00; Supporting (non-reenactor) \$20.00

(Children 13 and under are free with parent/guardian's membership, but each requires a release, as do all Household members)

Total = Banner of Jasna Gora Associate Member Fee \$_____

Optional: Pay double for a two year membership

Total Enclosed \$_____ (Payable to: **Banner of Jasna Gora**)

Submit to your Unit Contact or mail to: **Banner of Jasna Gora**
c/o Rich Golazeski
42 Hempstead Dr
Somerset, NJ 08873