

**The Battle for Texas Hospital at Quitman
Archusa Creek Water Park, Quitman, Ms
February 22,23,24,2013
Release, Idemnity and Assignment**

Name (Print) _____
Unit _____

I, _____ (and if a minor, the parent or legal guardian whose signature appears below), in consideration of the acceptance of my participation in The Battle for Texas Hospital, do hereby agree to release and hold harmless the City of Quitman, Mississippi, Pat Harrison Water District Archusa Creek Water Park, Friends of Texas Hospital Confederate Cemetery, Sons of Confederate Veterans Camp #227 The Rosin Heels, their agents and employees, all spectators and participants in The Battle for Texas Hospital at Quitman and all persons upon whose property The Battle for Texas Hospital at Quitman is conducted and the agents, employees volunteers, officers, directors, members, licensees or assigns of any of the foregoing (collective, the "Released Parties"), for any injury, death, property damage or financial loss of any kind recieved or suffered by me due to participation in The Battle for Texas Hospital at Quitman, regardless of whether such injury, death, damage or loss arises from the negligence of any Released Party or otherwise. I also agree to idemnity and hold harmless all Released Parties for any injury, death, property damage, or financial loss of any kind caused by me through my participation in The Battle for Texas Hospital at Quitman.

Reenacting may be considered a hazardous activity and I am aware of, and assume, all potential risks associated with such activity. I understand that the City of Quitman, Pat Harrison Water District Archusa Creek Water Park, Friends of Texas Hospital Confederate Cemetery or Sons of Confederate Veterans Camp #227 The Rosin Heels, makes no warranty, expressed or implied, as to the safety or use of any equipment, materials or other property used or supplied by any of the Released Parties during The Battle for Texas Hospital at Quitman.

I also agree to assign to the City of Quitman, Pat Harrison Water District Archusa Creek Water Park, Friends of Texas Hospital Confederate Cemetery, Sons of Confederate Veterans Camp #227 The Rosin Heels or their assigns, the right to use my image in recorded photographic images of The Battle for Texas Hospital at Quitman without restriction and do hereby waive all rights to compensation to same.

This release, indemnity and assignment shall be binding upon my successors and assigns.

I agree to abide by the laws and rules of the State of Mississippi, Clarke County, City of Quitman, Pat Harrison Water District Archusa Creek Water Park, and The Battle for Texas Hospital at Quitman. I understand that failure to do so will result in expulsion from The Battle for Texas Hospital at Quitman, Pat Harrison Water District Archusa Creek Water Park, and potential recourse from City, County, and/or State officials.

Signature _____ Date _____

If Minor, Signature of Parent or Guardian

Witness _____

In Case of Emergency CALL _____

NAME

Phone Number _____ - _____ - _____

Unit Muster Sheet

UNIT _____

CONTACT _____

Participants

NAME	RANK	NAME	RANK

All participants must follow all rules, regulations and laws of the State of Mississippi, Clarke County, City of Quitman, Pat Harrison Water District Archusa Creek Water Park, and The Battle for Texas Hospital at Quitman.

**The Battle for Texas Hospital at Quitman
February 22,23,24, 2013**

UNIT _____ CONTACT _____

ADDRESS : _____ Phone _____

E Mail: _____

Branch: Infantry: _____
Civilian _____
Calvary _____
Medical _____
Artillery _____
Other _____

**ALL HORSES MUST HAVE CURRENT NEGATIVE
COGGIN TEST PAPERS PRESENTED AT
REGISTRATION PRIOR TO UNLOADING HORSES**

Number of expected participants

Military _____ Medical _____ Horses/Mules _____ Civilians _____

Artillery is by invitaion Please contact me (otherwise I have no idea about the bounty for the cannon firing)

Registration for those participating in the School Day program on Friday will be Thursday afternoon at 4 PM, otherwise starting on Friday at 8 AM till 6 PM and Saturday from 8 AM till 10 AM. If you check in after these times you are subject to entrance fees.

RV (water/electrical) camping sites are avaiable through Pat Harrison's Web site.(Click on the Link)

This form can be completed as a PDF here, OR printed and mailed to me.
PLEASE pre-register (especially if you plan to eat with us when we feed the troops)

Contact me with any questions
Dianne Carlin
carlindianne@yahoo.com
OR
601-678-5382