

# **Bunker Hill 240th Participant Waiver**

240th Bunker Hill Reenactment Weekend

May 29-31 2015

By attending and participating in this reenactment, I recognize that there are risks attendant to this activity, including, but not limited to, open campfires, handling and use of black powder, discharge of small arms and cannons, the risk of injury attendant to movement of large groups of people, the presence and use of horses and/or other animals, environmental exposures or hazards and risks associated with primitive camping.

I hereby assume any and all risks of danger occasioned by my presence and participation in any and all activities in any way related to the reenactment. I further agree to release and hold harmless the following "group" as defined below:

- the private land owners of Applehurst Farm LLC and the surrounding area, including any lessees of such land;
- HM 10th Regiment of Foot;
- the First NH Regiment;
- HM 9th Regiment of Foot;
- Cherry's Company - 2nd NH Regiment;
- any agents, assigns, employees, directors and officers, or relatives of or for any of the aforementioned organizations or individuals.

This "group" shall not be responsible for any and all claims for property damage or personal injury of any kind, no matter how incurred, sustained during my presence at the reenactment or while on their properties.

Any person found without a valid registration will be treated as an illegal trespasser and will be subject to the remedies and penalties as provided by the laws of the State of New Hampshire.

**ONLY FAMILY MEMBERS MAY SIGN ON THE SAME WAIVER**

PRINTED FULL NAME: \_\_\_\_\_

UNIT ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED FULL NAME: \_\_\_\_\_

UNIT ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED FULL NAME: \_\_\_\_\_

UNIT ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MINORS (List names of Minors under 18 years of age):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_

(IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

DATE \_\_\_\_\_