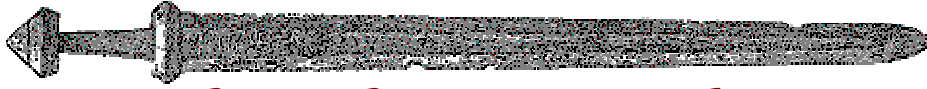


Membership Application



the huscarls

Dark Age Re-enactment Society

Please Print

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email address: _____

Which branch are you applying membership to? _____

Are you a member of any other re-enactment society/club that is associated with the "Australian Living History Federation"

Yes

No

If yes please state, which club your ALHF insurance levy will be paid via

Huscarls

Other

Name of other group: _____

I have read and signed the "Release and Waiver of Liability and Indemnity Agreement" of the *Huscarls Dark Age Re-enactment Society*.

Signature: _____

Date: _____

Applications should be sent to

The Huscarls
Po Box 2164
Dangar 2309 N.S.W
Australia

the huscarls

Dark Age Re-enactment Society

Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to participate in re-enactments and related activities with the Huscarls Dark Age Re-enactment Society, the Undersigned, for himself/herself, for his/her personal representatives, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue the Huscarls Dark Age Re-enactment Society and/or its officers, members, re-enactors and participants from all liability to the Undersigned, his/her personal representatives, assignees, heirs and next of kin, for any loss or damage, and any claim or demands therefore on account of injury to the person or property of the Undersigned, whether caused by the negligence of the Releasee or otherwise while the Undersigned is involved in re-enactment and related activities with the Huscarls Dark Age Re-enactment Society.

Furthermore, the Undersigned HEREBY AGREES TO INDEMNIFY, SAVE AND HOLD HARMLESS the Releasee from any loss, liability, damage or cost he/she may incur due to the participation of the Undersigned in re-enactments, living history demonstrations and related activities or during the presence of the Undersigned on the premises of any event or function.

The Undersigned expressly acknowledges and agrees that the activities in which they will participate can be dangerous and invoke a risk of serious injury and/or death and/or damage.

The Undersigned (if less than eighteen years of age) expressly acknowledges and agrees that they have permission from parents and/or legal guardians to participate in Society activities on the premises of any event or function

The Undersigned (if less than eighteen years of age) expressly acknowledges and agrees that they have permission from parents and/or legal guardians to stay and/or camp overnight on the premises of any event under the direct supervision of a parent, legal guardian or specifically designated guardian or Society member.

The Undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the States and Territories of Australia that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

By signing this form, the Undersigned attests to understanding and agrees to obey the regulations of the Huscarls Dark Age Re-enactment Society.

This agreement shall continue in force and affect for as long as the Undersigned participates and/or attends events with the Huscarls Dark Age Re-enactment Society.

Print Name: _____

Signature: _____

Date: _____

Signature and date of Parent or Guardian

If less than Eighteen Years of Age: _____