



Prairie Grove Battlefield State Park

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Reenactment of the Battle of Prairie Grove, Dec. 1st and 2nd 2018
Individual Registration Form

No early individual registration will take place this year. Individual registrations will be completed upon check-in at the event. Please complete this form and present it upon arrival with \$10 fee.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: (_____) _____ **\$10 Registration Fee Included**

Note: Exact cash or check made out to PGBSP; No Credit Cards

CSA USA Brigade: _____

Unit Name: _____

Type: Artillery Cavalry Infantry Medical Civilians

Are you camping in the park? yes no

IN CASE OF EMERGENCY

Emergency Contact: _____

Emergency Contact Phone: (_____) _____

It is your responsibility to inform your immediate commander of any relevant medical conditions.

Arkansas State Parks wishes to make this event as safe as possible, however, all participants must realize that for various reasons, all potential risks cannot be eliminated or foreseen for those who are involved in outdoor activities—specifically battle reenactments.

RELEASE FROM LIABILITY: I, the undersigned, do hereby certify that I am voluntarily registering and participating in the reenactment of the Battle of Prairie Grove, to be held (November 30th- School Day), December 1st and 2nd, at Prairie Grove Battlefield State Park. I fully recognize the danger inherent to battle reenactments and especially those on natural terrain involving large numbers of infantry, cavalry and artillery, and do hereby specifically assume the risk of financial loss or bodily injury, including death to myself or loss of my personal property due to attendance at this event and likewise take full responsibility for any damage or injury caused by myself or to my property. I further stipulate that in my opinion the organizers of this event have taken every precaution to make this event as safe as possible, but fully realize that the organizers, Arkansas State Parks Division are no insurers of my safety. I hereby agree to hold harmless Arkansas State Parks Division, its agents, officers, and employees, as well as the participants and spectators of this event, for any injury or financial loss of any kind, including death, received or suffered by me or my heirs due to my participation in this event.

MODEL RELEASE: Each of the undersigned being fully aware that all photographs and footage taken at said event, do hereby authorize the Arkansas Department of Parks and Tourism, or any agent it so designates, the uncontrolled use of any and all photographs, negatives, video, and film footage of me, my voice or any electronic recording of me, for the purpose of promotion and/or advertising in print media, electronic media, and over the Internet on behalf of the State of Arkansas.

In signing the foregoing release, each of the undersigned hereby acknowledges that he/she is not a minor, and is of sound mind.

Signature: _____ (Parent's or guardian's signature if a minor)

Date: _____