

# THE ARMY GROUP 1944 EVENTS PARENTAL PERMISSION FORM / RELEASE OF LIABILITY

**NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE ANY PARTICIPANT UNDER THE AGE OF 18 IS ALLOWED TO TAKE PART IN ANY ARMY GROUP 1944 EVENT.**

In consideration of being permitted to participate - in any way - in the sport and activities of World War II reenacting under the auspices of Army Group 1944 ("AG44"),

I, as the parent/guardian of \_\_\_\_\_ acknowledge, appreciate, and agree as follows:

1. Significant risks and dangers exist in my son/daughters use of equipment and my son/daughter's participation in World War II reenacting activities, including, but not limited to, serious injury to eyes and other soft tissues, exposure to poisonous animals, reptiles and insects, and increased risk of law enforcement confrontations due to the realistic weapons. I understand that certain safety measures are required under the rules of Army Group 1944 and procedures for minimizing conflict with the general public and/or law enforcement. I have discussed these safety measures with my son/daughter and understand that use of these safety measures is in no way a guarantee against any damage or injury.
2. My son/daughters participation in such activities and/or use of such equipment may result in my son/daughters injury or illness including but not limited to bodily injury, disease, strains, sprains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, or other ailments that could cause serious disability or even death. I acknowledge that not every conceivable injury is listed in this waiver and I assume the responsibility to conduct any further research or inquiry before executing this release.
3. These risks and dangers may be caused by the negligence of AG44, its owners, agents, officers and employees, the owners and/or possessors of the premises used to conduct the reenacting activities, and/or their officers, officials, agents, and/or employees (hereafter collectively referred to as "RELEASEES") the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes.
4. My son/daughters participation in these activities and/or use of equipment, constitutes an express assumption of all risks and dangers inherent in the activities, whether or not expressly stated herein, as well as all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the RELEASEES, or by any other person.
5. I, As the Parent/Legal Guardian of the aforementioned minor child, agree that my son/daughter has been provided with a copy of, and must obey, all safety regulations, game and organization rules, and will obey all organization directors and referees. Any failure to comply with the rules, regulations, and event instructions will result in penalties ranging from a warning or suspension to expulsion from further Army Group 1944 reenacting activities and revocation of rights and privileges by the directors, officers, referees, or representatives of said organization.
6. This is to certify that I understand that the rules and requirements of AG44, to remain in accordance with their Liability Insurance and the ages of fifteen through seventeen must have, at all times, an adult on the playing field to supervise the minor and ensure the safety rules of AG44 are adhered to. In the event that I am personally unable to accompany my son/daughter on the playing field, the following adults are authorized to act as my representatives/assigns:  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I, on behalf of myself, my spouse and/or other parent / guardian, my son/daughter, and our personal representatives, assigns, next of kin, statutory beneficiaries, and heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the RELEASEES from any and all claims, actions or losses for bodily injury, property damage, accidental death, loss of services or any other claims, which may arise out of my son/daughter's use of equipment or my son/daughters participation in reenacting activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the RELEASEES.

I understand and agree that this Waiver and Release of Liability covers Army group 1944 and every other activity and event in which my son/daughter participates hereafter.

I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE PARTICIPANT. I REPRESENT THAT I HAVE THE AUTHORITY TO EXERCISE THIS WAIVER ON BEHALF OF MY SELF AND THE OTHER PARENT AND THAT AG44 MAY RELY UPON SUCH REPRESENTATION.

I HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY, AND I HAVE BEEN INFORMED OF ALL INHERENT DANGERS AND I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

I ACKNOWLEDGE THAT THIS WAIVER IS A COMPLETE BAR TO ANY LEGAL CLAIMS BASED ON STATUTE OR COMMON LAW AND SIGN IT FREELY AND VOLUNTARILY WITH FULL KNOWLEDGE OF THE RISKS AND WITHOUT COERSION OR DURESS.

# ARMY GROUP 1944 PARENTAL PERMISSION FORM / RELEASE OF LIABILITY (CONTINUED)

I UNDERSTAND THAT THIS WAIVER MAY ONLY BE REVOKED IN WRITING AND IS NOT CONSIDERED EFFECTIVE UNTIL RECEIVED BY A DESIGNATED AG44 REPRESENTATIVE.

Participant's Name (print) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Participant's Signature \_\_\_\_\_  
Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Pager/Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Please list any existing medical conditions you may have \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, contact one of the following people.  
DO NOT USE PAGER NUMBERS.

\_\_\_\_\_ at (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ at (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of AG44 and all other RELEASEES but also to release and indemnify the RELEASEES from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin in accordance with the above conditions of this wavier.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Parent/Guardian

THIS PERMISSION FORM IS VALID ONLY UPON AT LEAST ONE VERIFICATION BELOW, either notarized if signed out of the presence of an Army Group 1944, or signed by a parent in the presence of and witnessed by an Army Group 1944 Corporation Officer.

## NOTARY PUBLIC CERTIFICATION

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

On this day personally appeared before me \_\_\_\_\_, to me known to be the individual who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of Washington,  
Residing at: \_\_\_\_\_  
My appointment expires: \_\_\_\_\_

## ARMY GROUP 1944 CORPORATION OFFICER CERTIFICATION

I certify that this minor's parent has signed this waiver in my presence after I verified to the best of my ability that the signature is the actual parent or guardian of the minor

\_\_\_\_\_  
Army Group 1944 Corporation Officer

\_\_\_\_\_  
(Print Name)

TO REVOKE THIS WAIVER YOU MUST DO SO IN WRITING TO:

ARMY GROUP 1944  
PO BOX 1469  
VERADALE, WA 99037