

Lyme Village Civil War Days

July 8-10, 2022 5001 OH Rt 4, Bellevue, Ohio

Unit Name: _____ Unit Commander: _____

Unit Contact: _____ Address: _____ City/State/Zip: _____

Unit Contact Phone # _____ Email: _____

US: Infantry: ___ Civilian: ___ CS: Infantry: ___ Artillery: ___ National Affiliation: _____

*****ALL Reenactors must provide a national organization Certificate of Liability Insurance.*****

I have read and understand the rules of event. I agree to adhere to the rules while a guest at Historic Lyme Village, Bellevue, Ohio. Further, I acknowledge that as a reenactor, I interpret and portray life as it was during the 19th century and that there is inherent risk in the activities in which I will be participating. I do hereby release and hold harmless, Historic Lyme Village of Bellevue, Ohio, its agents, board, employees, interns and volunteers from any and all claims or liabilities which may be asserted against them arising from any personal injury or property damage sustained by me and /or any of my minor children. I /We assume full responsibility for theft, loss or damage to any property, equipment brought to Lyme Village Civil War Days. I/We agree to reimburse Historic Lyme Village Staff for any breakage or damage to the village buildings or property caused by me or my family. If any damage should occur, I/we will acknowledge and report immediately.

Signature: _____

Printed: _____ Date: _____