

**MEMBERSHIP APPLICATION OR RENEWAL:**

For the \_\_\_\_\_ Calendar Year

1. This application is for all new members and renewals. Please complete all requested information.
2. Legibly print or type. Please fill one application per person. Family memberships should be presented at one time to receive the family discount.
3. Make checks payable to "Tenth Mountain Division LHDG" and mail to the address noted below. Please do not send cash.

**PERSONAL INFORMATION**

APPLICANT NAME: \_\_\_\_\_  
 Last Name First Name Middle Initial

MAILING ADDRESS: \_\_\_\_\_  
 Number Street Apartment Number

\_\_\_\_\_  
 City State ZIP +4

**IS THIS A NEW ADDRESS (check one)?**                      **YES €**                      **NO €**

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I agree to follow the bylaws, guidelines, safety and authenticity policies and any other standards of the Tenth Mountain Division Living History Display Group, Inc.. I will abide by all decisions involving safety and accept full responsibility for my own actions involved with this activity. I agree to provide a signed copy of the liability waiver as it appears on the reverse or as attached to this application.

**X** \_\_\_\_\_  
 (signature of applicant)

**X** \_\_\_\_\_  
 (signature of legal guardian in under age 18)

**DUES:**      **(must be attached for application to be accepted)**

€ **SINGLE PERSON MEMBERSHIP**                      **\$20.00 ANNUALLY \***  
 € **FAMILY MEMBERSHIP**                                      **\$30.00 ANNUALLY \***

\* All membership dues will be reduced by 50% (1/2) if the member participates in a minimum of 3 events, talks or other approved activities as a representative of the Tenth Mountain Division Living History Display Group, Inc. for the previous calendar year. Please adjust amount enclosed if this applies to you.

**AMOUNT ENCLOSED:**      \$ \_\_\_\_\_

Mail Application, Liability Waiver and Payment to:

**SCOTT KOSKIE - TREASURER**  
**14570 N. County Road 7**  
**Wellington, CO (U.S.A.)      80549**

**Liability Waiver (membership)**

**(TMD-4)**

**This is a Legal Document -  
Please Read Carefully Before Signing**

I, \_\_\_\_\_ (applicant's name), in full knowledge that the activity of historical reenacting and living history portrayal involves actions and involvement with potentially dangerous items, I do freely join into this activity with full and informed knowledge of said potential hazard. In addition, I hereby freely and of my own volition waive and hold free of any past present and future liability the *Tenth Mountain Division Living History Display Group, Inc.*, it's officers, directors, representatives, members, sponsors, affiliates and associates (herein referred to as the *Tenth Mountain Division Living History Display Group, Inc.*). I do hereby for myself, my heirs, executors, administrators and successors do release the *Tenth Mountain Division Living History Display Group, Inc.* from any and all claims, causes of action, demands, liabilities, damages, costs, expenses and compensation whatsoever, which I do have, might have or might claim to have at any future time against the *Tenth Mountain Division Living History Display Group, Inc.*, whether known or unknown, developed or undeveloped, anticipated or unanticipated, arising out of or relating to any action while involved with or participating as a member of any activity sponsored or coordinated by the *Tenth Mountain Division Living History Display Group, Inc.*

This constitutes the entire agreement between myself and the *Tenth Mountain Division Living History Display Group, Inc.*, and no representation between the parties, either oral or written not contained herein, shall be of any force or effect.

I have read this release and waiver, and do understand it's terms. I am signing this release and waiver voluntarily and with full knowledge of what it contains.

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Please attach this release and waiver to your membership application, and mail as directed.

Membership applications without a signed liability waiver will be returned.