


DENVER DOWNS FARM CORN MAZE AND PUMPKIN PATCH CIVIL WAR COMMEMORATIVE EVENT REENACTMENT REGISTRATION FORM **AND** LIABILITY RELEASE

Name:	First	Middle Initial	Last	<i>E-mail address</i>
Address:	Number/Street - P.O. Box - Rural Route			Circle One US CS
City:			State:	Zip:
Home Phone: ()			Work Phone: ()	
Unit Designation/Affiliation: _____				

This form needs to be completed at the event.
All participants must register before participating in the Event.

I _____, by affixing my signature below, certify that I am a voluntary participant in the Civil War Reenactment sponsored by the Denver Downs Farm Corn Maze and Pumpkin Patch. I understand that I am assuming all the risks and liabilities known and unknown associated with such an Event. I certify that I have reviewed a copy of the safety and participation rules for the Reenactment and Tactical and agree to abide by such rules. I release the Denver Downs Farm Corn Maze and Pumpkin Patch, its Officers, agents and member units from any and all liability and claims associated with my participation in this Event and I expressly waive any damages arising from signing this form. (Sign at the bottom of this Form.)

NOTE: Horseman's Disclaimer; I _____ certify that: I am a competent Horseman and have the necessary skills to handle a horse during a reenactment, that my horse is familiar with crowds and gunfire and that my equipment and tack is adequate and safe to use. I understand that I may be removed from the field at the judgment of the designated Safety Officer and Denver Downs Farm Corn Maze and Pumpkin Patch Representative. (Sign at the bottom of this Form.) 

Participant's Signature (and Horseman as applicable) Date

Parent or Guardian's Signature (If Participant is under 18 years of age) Date