



CURRAHEE MILITARY WEEKEND

Living Historians, Vendors Encampments & Displays Registration Form

Reminders: You do NOT have a fee to attend, set up or participate in the parade or reenactment during the weekend.

- **Special offer for Living Historians & Vendors Only. Orders postmarked on or after September 20st are not guaranteed a T- Shirt** or sizes.
 - Advance banquet tickets \$45 purchase from Historical Society **deadline September 20th**, 706-282-5055 to order over the telephone.
- **You must provide a signed copy of the General Waiver of Liability; this is a requirement for an & Active Military Parade** 1:00pm, Saturday. After Parade is a group reenactment.
- Welcomed: Military Living Historians Encampment Tours, Displays, and Demonstrations on Friday and Saturday
- Remembrance Service with a 21 Gun Salute on Sunday 8:30 am. Camp Toccoa at Currahee.

Unit Affiliation _____ Rank _____ Commander _____

Name _____ T-Shirt Special Price \$20 S M L XL XXL

Address _____ Living Historians & Vendors Package \$ _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email address _____

Paid: _____ \$20 Special Registration & Shirt for Living Historians include shirt, museum admission, Saturday Canteen lunch. Deadline to guarantee a shirt & lunch 9-20-2023.

Paid: _____ \$40.00 Banquet Ticket Special Registration for Living Historians & Vendors Late \$50 (Regular price \$60)

Paid: _____ USO Swing Dance, Dancing on Doyle Street

Paid: _____ BBQ Special Price Tickets available with Toccoa Stephens County Chamber of Commerce

T-Shirts and sizes are not guaranteed Postmarked after September 20, 2022

Total Payment _____ Check _____ Cash _____ Credit Card _____

Date Received _____ By _____

Mail Registration to: Currahee Military Museum, 160 North Alexander Street, Toccoa Georgia 30577
706.282.5055 contact@toccoahistory.com

Please provide the following information and signed documents.

Weapon(s) - Participants must list all weapons brought to Currahee Military Weekend.

Vehicle(s) - Participants must list any vehicles and if they plan to display or use in the parade.

Education and Outreach – School is out on Friday. No School Programs

How much space do you require for your encampment or display? Example 10 X 10 ft. _____ Military Memorabilia – Please note Carolina Trader Promotions is organizing our military memorabilia show. Tables can be rented by calling Richard Shields at 704-282-1339 or email at richard@TheCarolinaTrader.com.

Complete the registration form & return to Stephens County Historical Society, 160 N. Alexander St., Toccoa, GA 30577. Questions? 706.282.5055, email form at toccoahistorvad@gmail.com

Re-Enactor Waiver of Liability Form I, the undersigned, do hereby acknowledge that as a participant in the WWII re-enactment event that I freely and voluntarily engage in a hazardous activity for my own recreation and enjoyment. I recognize that as a part of this activity other participants and I assume all risk of injury associated with these activities.

For these reasons, I hereby waive and release from liability and agree to hold harmless the following: The Currahee Military Weekend organizers, The Toccoa-Stephens County (TSC) Chamber of Commerce and Historical Society and staff, the City of Toccoa, GA, the participating Reenactment Groups, and the owners and operators of all participating vehicles, both modern and period, that may be used during the event.

Although facilities, refreshments, and other assistance may be available during this event, I am responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in the above listed event or activity and related activities and I agree to stop and request assistance if I experience any symptom such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I certify that I am 18 years of age or older or that I have parental approval to participate in this event as stated below. I further state that by signing this document that I have fully read and understand its contents, and that I am voluntarily waiving rights that may be granted to me by federal, state, and local statutes, as well as the common law of the nation.

Finally, I state that I have read a copy of this liability release and have completed the waiver and have kept a copy for my own information.

Signature _____

Name (Print) _____ Date _____

Address _____ State _____ Zip _____

RE-ENACTOR PHOTO RELEASE

I hereby grant the right and permission to The TSC Chamber and Historical Society to use and publish my photographs or likeness for promotional purposes. These images will not be sold or used for any purpose other than promoting Toccoa Stephens County. Photos may be used for editorial and advertising purposes. I hereby release TSC Chamber of Commerce, Camp Toccoa at Currahee, Inc., and Historical Society from any and all liability from such publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/electronic representations without limitations at the discretion of TSC Chamber of Commerce, Camp Toccoa at Currahee, Inc., and Historical Society, and I specifically waive any right to any compensation.

Signature _____ Date _____

RE-ENACTOR EMERGENCY CARE AUTHORIZATION

I, undersigned, authorize the organizers and planners of the Currahee Military Weekend and their agents to authorize medical treatment on my behalf should I sustain any medical distress while participating in this event.

I will carry the emergency information form (below) in the right breast pocket of my jacket for use, if needed with my emergency medical information.

I hereby agree to hold harmless and release of compensation from any liability for financial or otherwise issues concerning health or property any and all members of TSC Chamber of Commerce, Camp Toccoa at Currahee, Inc., City and County Government of Stephens County, Currahee Military Museum, and Stephens County Historical Society, and I specifically waive any right to any compensation.

In signing this authorization of medical care, I hereby acknowledge that I have read the above disclaimer and a copy of this form has been offered to me to put in my jacket pocket.

Signature _____ **Date** _____

Printed name _____

Witness _____

JACKET BREAST POCKET "CARRY CARD" - EMERGENCY MEDICAL INFORMATION

The information below is to be kept confidential. This information will not be collected or distributed in any way.

Every participant carries this information in their right breast jacket pocket because the emergency care authorization form authorizes volunteer organizers to call an ambulance in the event the injured participants unable to do so on their own.

Event organizers will only access this information from the participant's jacket pocket in the event of an accident or injury as a means of securing medical assistance suitable to the injured individual's needs.

In case of emergency, contact: _____ Relation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Blood type: _____ Allergies: _____

Medical conditions (i.e. diabetes, high blood pressure, etc. Please be specific.)

Current medications (Be specific)

Complete the **Waiver of Liability** and return email to Lynn at toccoahistoryad@gmail.com to Currahee Military Museum, 160 N. Alexander St., Toccoa, GA 30577.