

WORLD WAR II HISTORICAL RE-ENACTMENT SOCIETY INC.
PARENTAL PERMISSION/ACKNOWLEDGEMENT FORM FOR MINORS

The World War II Historical Re-Enactment Society, Inc. requires all members under the age of 18 to submit a signed parental permission form with their Society membership application. This is to ensure that the parents or legal guardians of underage participants are aware that their minor children are participating in a hobby that can present hazardous conditions which may present a risk of bodily harm or death. Further some participation restrictions may apply to any minor aged member of the Society. Please read the following carefully. Affix the proper signatures and information where noted. Without this completed form a minor cannot participate in any Society activities. Any minor aged membership received without this form will be rejected.

We/I, the undersigned parent(s) or legal guardian(s) of _____, a minor who is currently less than 18 years of age, understand he/she is desirous of becoming a member of, and participating in events sponsored by the World War II Historical Re-Enactment Society, Inc. We/I, the parent(s) or legal guardian(s) of the World War II re-enactment participant under the age of 18, acknowledge, understand and recognize all risks relating to World War II re-enacting, and understand that World War II re-enacting involves risks to the participant's person including bodily injury, partial or total disability, paralysis and death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. The parent(s) or legal guardian(s) warrant that the participant under the age of 18 agrees to abide by, and be bound under, the By-Laws and Safety & Authenticity Rules of the World War II Historical Re-Enactment Society, Inc. The above being understood and acknowledged we/I do hereby give our/my full approval and consent for such participation and membership.

Parent/Guardian Signature

Parent/Guardian Signature

Date _____

Date _____

Parent email _____

Parent Phone # _____

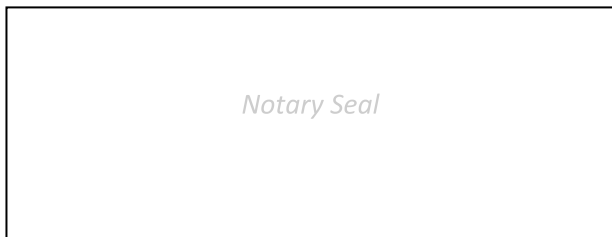
WWII HRS Chartered Unit minor participant is joining _____

Participant Home Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

Sworn and subscribed in my presence this _____ day of _____, 20__

The State of _____ County of _____ ss



Notary Public Signature

My Commission Expires

Rev 01092016