

REGISTRATION FORM

Alliance to Preserve the Civil War Defenses of Washington Tour Oct 14, 2017 - Defenses that Saved Washington!

Name:

Street:

City:

State:

Zip:

Home Phone:
Cell Phone:

E-mail:

Name of other registrant(s):

Email of other registrant(s):

Please specify any limited mobility or special dietary requirements:

Fee \$65 per person

Number of registrants:

Total Fee: \$

Your place on the tour is not guaranteed until payment is received.

Please indicate your method of payment.

- Online by credit card - Use PayPal "Donate" button on Alliance website www.dccivilwarforts.org or
 Pay by check, send to address below

NO SHOW & REFUND POLICY: To receive a full refund, your registration(s) must be cancelled by email to president@dccivilwarforts.org no later than Friday, Oct. 6, 2017. NO REFUNDS for no shows or cancellations after that date.

Mail or email this completed and signed form to:

Loretta Neumann, President
Alliance to Preserve the Civil War Defenses of Washington
7124 Piney Branch Road NW
Washington DC, 20012
President@dccivilwarforts.org

DISCLAIMER FORM

**Alliance to Preserve the Civil War Defenses of Washington
Tour Oct 14, 2017 - Defenses that Saved Washington!**

Each Registrant/Tour Participant must submit this form—in other words, only one person per form!

Name:

Email:

Cell Phone:

Mail or email this completed and signed form to:

Loretta Neumann, President
Alliance to Preserve the Civil War Defenses of Washington
7124 Piney Branch Road NW
Washington DC, 20012
President@dccivilwarforts.org

READ CAREFULLY: RESPONSIBILITY STATEMENT & LIABILITY DISCLAIMER

The undersigned agrees that:

1. I will not hold the Alliance to Preserve the Civil War Defenses of Washington ("Alliance"), its officers and board members, liable for personal injury, death, property damage or accident, loss, delay or irregularity arising out of any act or omission of any entity supplying any goods or services in connection with this tour.
2. I will not hold the Alliance, its officers and board members, liable for personal injury, death, property damage or loss that I suffer in connection with this tour.
3. The Alliance may, without penalty or liability, make changes in the itinerary of this tour, withdraw the tour announced, decline to accept any person as a participant in this tour and require any participant to withdraw from this tour at any time whenever, in the judgment of its authorized agent, any of these actions are necessary.
4. My personal effects are at all times my sole responsibility.
5. Schedules, itinerary, and tour details, although provided in good faith based on information available, are subject to change and revision.
6. I have read this Responsibility Statement and Liability Disclaimer, the itinerary for this tour, as well as the terms and conditions of application and participation as set forth in the tour information and the Registration Request, and recognize and accept any and all risks associated with this tour, and the conditions, including the Cancellations and Refunds Policy, set forth herein.
7. In consideration of, and as payment for, the right to participate in this tour, I, on behalf of my dependents, heirs, executors, administrators and assigns, agree to release, hold harmless and indemnify the Alliance, its officers and board members from any and all liability for any loss, death, or injury to my person or property suffered in connection with this tour.

Signature of Registrant /Tour Participant

Date

If the registrant is under 21 years of age, the signature of a parent or legal guardian is required. (Note that the minimum age is 13.) **AGE (if under 21):** _____

Parent or legal guardian (Type or print name(s) on line above)

Signature of Parent or Legal Guardian

Date