

Fort Moultrie Living History/Hunley Funeral Event Registration and Statement of Compliance

This registration must be accompanied by a photocopy of picture I.D. (Driver's License) and a CHECK or MONEY ORDER for the Rations Fee. **Ration fees are non-refundable.** Incomplete registration submissions will not be accepted. SUBSTITUTIONS will be allowed with properly completed Registration Form.

This form must be completed in ink.

Registration (please print clearly)

Name: _____

Age: _____

Address: _____

City/State/Zip: _____

LH Organization or Unit(If Applicable): _____

By Signing the Registration Form, I hereby Agree to the Following:

1.) I, (the undersigned), attest that I have read the event rules, regulations, uniform guidelines and restrictions for the Fort Moultrie LH and The Hunley Funeral Procession, and agree to abide by them and to submit to the authority of the National Park Service, the Event Staff; the Military Commanders of the event. I understand that any violation of these rules, regulations and restrictions may result in my being asked to leave the event, without any recourse or recovery of registration fees or other expenses (travel funds, et cetera).

2.) I agree to hold the Palmetto Living History Association and the National Park Service free of any indemnity, culpability or responsibility in the event of any injury or accident to myself or those under my guardianship.

3.) I agree that my image can be used by the event sponsors for promotional materials, advertisements, or other media, without any recourse or reimbursement.

4.) I agree that all contraband items will be confiscated for destruction; contraband includes, but is not limited to:

Narcotics or other controlled substances, alcohol, modern tobacco products (smoking is not allowed at anytime within Fort Moultrie National Park), lighters, modern clothing, modern packaging, live rounds, loose minie balls, powder, cartridges, percussion caps.

(signature of applicant)

Dated: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____ Alternate Phone: _____

If applicable Please complete the following:

Medical Conditions (including allergies to medicines):

Medications that will be taken during the event:

Hunley Funeral Procession Waiver: (You must sign here to participate in the Funeral Procession.)

By signing below, I agree as follows in consideration of participating:

It is the sole right and discretion of The Hunley Commission and its staff to reject or eject any group, participant, or participants, and to modify this event in any way that they deem necessary to maintain the dignity of the Ceremony. No responsibility is assumed by the Commission or its agents for the safety of any property or persons during the event and the participant agrees that he or she is assuming all risks known or unknown. I fully agree that by my signing hereto that I waive any claim for remuneration and expressly permit The Hunley Commission to take photographs of me during the event which may be used for media and fundraising activities for the benefit of the H.L. Hunley submarine.

Please PRINT Name

Please SIGN Name

Date

MAIL THIS COMPLETED, SIGNED FORM WITH A CHECK or MONEY ORDER TO:

Palmetto Living History Association
203 Hollytree Circle
Ladson, SC 29456

FEES: \$35.00 (Includes Rations twice daily April 15, 16, 17 & 18, 2003 & ALL required cartridges and caps)