



REGISTRATION AND WAIVER OF LIABILITY FORM
CMHG National Event: "OPERATION MOUNTAIN VICTORY II"
World War II MTO Tactical at Fort Carson, CO
September 4-6, 2015

Please print legibly

A. PERSONAL INFORMATION:

Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Unit Portrayed: _____

Parent Organization: _____

Unit Commander: _____

Special medical conditions or medications: _____

Emergency contact person and phone number: _____

B. WEAPONS INFORMATION:

Special squad or heavy weapons to be used: _____

Full Auto weapons only:

Type(s) of weapon: _____

State of registration of weapon: _____

NOTE: All Class 3 Weapon owners must file the appropriate forms with the BATF. All BATF rules apply.

- Owners need to have current ATF Forms on their person at all times.

- The address for the event is: Ft. Carson, Colorado Springs, El Paso County, CO, 80913.

- Semi-Auto weapons: Any modified weapon that is semi-automatic must comply with all Federal regulations for said weapon. This applies to Full Auto weapons converted to fire semi-automatic only.

C. TACTICAL VEHICLE INFORMATION:

Allied: _____ Axis: _____

Type of vehicle(s): _____

State and Type of insurance: _____

Phone number contact for insurance company: _____

Primary driver Driver's License number and State of issue: _____

Vehicle's License Plate number and State of issue (If applicable) _____

Vehicle Use and Movement Rules: Obey posted speed limits. Travel on the installation beyond the designated training areas is strictly controlled. Drivers of tracked vehicles must stay off paved roads. Vehicle owners will be responsible for any damage above normal use to the area. If you are not sure, please ask an event staff member for instructions. When off-road maneuvers are necessary, make sure that vehicle damage to vegetation is kept to a minimum. Ground guides will be required for large vehicles and tracked vehicles off road and in Camp Red Devil. Avoid making U-turns, pivot or neutral steer turns with tracked vehicles unless absolutely necessary. Non-compliance with these rules or careless driving will be grounds for removal of the vehicle from the event.

D. BATTLE FEE SCHEDULE:

Please note, add \$1.75 to total if paying through PayPal.

Please Check Selection(s) that apply.

____ Plan A: \$40.00 Battle fee (includes barracks)

Allied barracks: _____ Axis barracks: _____ Women's barracks: _____

____ Plan B: \$10.00 Meal Plan fee (Saturday supper, Sunday breakfast)

____ Plan C: Vendor. Vendor space for this event is \$35.00.

\$_____ TOTAL AMOUNT ENCLOSED (check or money order payable to the Colorado Military Historical Group) PLEASE, DO NOT SEND CASH!

or

\$_____ TOTAL AMOUNT PAID via PayPal (add \$1.75 to Total Amount above to cover PayPal transaction fee)

Mail **ALL** these forms and payment to: CMHG, PO Box 76422, Colorado Springs, CO 80970

*** Deadline for payment is Saturday August 22, 2015**

As a condition of participation in Operation Mountain Victory II, I have read, understand and will comply with the CMHG Safety Regulations in force for this event.

(To be signed at Registration Desk)

SIGNATURE _____

Meal Card Issued _____ Barracks Card Issued _____
(Event Staff Initials)

WAIVER OF LIABILITY

I, _____ hereby acknowledge that I have voluntarily decided to engage in the Colorado Military Historical Group (CMHG) Fort Carson Tactical, Operation Mountain Victory II, **September 4-6, 2015** (hereinafter referred to as OMV II), sponsored by the Colorado Military Historical Group (hereinafter referred to as the CMHG). In consideration of being allowed to engage in OMV II, I hereby fully and forever release, discharge, waive and covenant not to sue the CMHG or any other event sponsors, event promoters, individual event organizers, event staff, volunteers, participants, landowners or lessees of property used, Fort Carson, or the Federal Government to conduct OMV II, equipment owners or operators, vehicle owners or operators, rescue personnel, advertisers, underwriters, brokers, and others involved at any level with OMV II, and for each of them, their directors, officers, agents and employees, all for purposes herein referred to as "Releasees," from all liability to myself, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claims, demands, injuries, damages, lawsuits, rights of action or causes of action, present or arising in the future, whether the same be known or unknown, anticipated or unanticipated, due to, arising from or in any way related to injuries to the person or property of myself arising out of or in connection with my participation in OMV II, whether caused by the negligence of the Releasees or otherwise. I hereby agree to indemnify and hold harmless the Releasees and each of them from any loss, liability, damage, or cost including bodily injury or property damage they may incur arising out of my presence or participation in OMV II, whether caused by the negligence of the Releasees or otherwise. I hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to OMV II, whether caused by the negligence of the Releasees or otherwise. I hereby acknowledge that the activities involved in OMV II, as with any living military history event, carry risk of bodily injuries such as musculoskeletal injury, exhaustion, heat or cold-related injury or illness, overexertion injuries, exposure to indigenous flora and fauna, injury caused by any weapon or equipment used in the event, dangerous environmental conditions related to structures and terrain features, exacerbation of preexisting medical conditions, and other causes, as well as the risk of death from the above. I also hereby acknowledge that any such bodily injury may be compounded or increased by rescue operations or procedures of the Releasees due to extended distance from medical treatment facilities. I hereby agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, including negligent rescue operations, and is intended to be as broad and inclusive as is

permitted by the laws of the state of Colorado and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant's Name (**print**) _____

Participant's Signature _____ Date _____

If participant is a minor, Parent/Guardian must sign below and be present for the entire event with said minor.

Parent / Guardian (circle one)

Name _____

Signed _____ Date _____

AUTHORIZATION FOR MEDICAL CARE

I (print name) _____ do hereby authorize the Colorado Military Historical Group also known as the CMHG or any of their agents to authorize emergency medical treatment on my behalf in the event that I should suffer any injury or any medical distress while participating in this event for the dates September 4-6, 2015. It is understood that this is not a transfer of liability or responsibility to the CMHG or any of their agents arising from said treatment, but is intended to authorize medical care on my behalf in the event that I am unable to provide for myself. In signing this authorization below of medical care, I hereby acknowledge that I have read the above statement and that a copy of this form has been offered to me if so asked for.

Name (**print**) _____

Signed _____ Date _____