

# REALMS OF HISTORY, INC. MEMBERSHIP APPLICATION

**RELEASE OF LIABILITY**

I, the undersigned, do hereby state that I understand I will be participating in activities within the organization known as Realms of History (hereafter "Realms"), an Arizona non-profit Historical Educational Re-enactment Organization whose purpose is to recreate history through learning, demonstration and competition in the period skills of Archery, Arts and Crafts, and Combat to include the study and recreation of Medieval and Renaissance Tournaments and Warfare. I agree to abide and adhere to the Bylaws and Tenets of the Realm, understanding that some of these may restrict particular activities I can participate in. \_\_\_\_\_ Initial

I understand that all activities and participation is VOLUNTARY and that I am not required to participate in any discipline while at a Realms sponsored event. This does not include public events where participation is required as part of my attendance. \_\_\_\_\_ Initial

I understand that participating in any Realms activity can possibly be dangerous or harmful to my person and, or my personal property and that Realms does not provide personal or property damage insurance coverage to its members. I am responsible for my own safety and release from liability, agree to indemnify and hold harmless Realms, and any Realms agent, officer or Realms employee acting within the scope of their duties, for any injury to my person or damage to my property, as a result of participating at any event. I acknowledge that Realms of History makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by Realms that it may hold a sanctioned event on. This Release of Liability is binding upon myself, successors in interest, and/or any person(s) who may think to sue on my behalf as a result of any injury or property damage. \_\_\_\_\_ Initial

I, \_\_\_\_\_ acknowledge that I have read, and understand the above release and all its terms and that this is a legally binding contract. I execute it voluntarily and with full knowledge of its meaning and significance. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon Realms, its officers, agents and/or employees. I also understand and agree to the first year membership probationary period and that any violation of the Bylaws and, or Tenets may result in termination of membership. ONE APPLICATION PER MEMBERSHIP.

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parental/Guardian if membership is for Minor): \_\_\_\_\_ Age of Minor \_\_\_\_\_

<p><b>Participating Member:</b> is primary or singular membership. Annual rate is \$20.00 through March of the following year. When joining any time between September to March the rate is \$10.00. <input type="checkbox"/></p> <p>A \$5.00 discount may be applied for (limit 1 to Participating Membership): <span style="float: right;">Verified</span></p> <p><b>Active Service Military</b> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>Students</b> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>Senior Citizens</b> (55 YOA and older). <input type="checkbox"/> <input type="checkbox"/></p> <p><b>Additional Family Member:</b> identified as legal dependent(s) of the Primary Membership holder, or domestic partner annual rate is \$10.00 with a maximum cap of \$60.00. <input type="checkbox"/></p> <p>List Primary membership's ID Number _____</p> <p><b>Lifetime Member: \$400.00</b></p>	<p>Primary Member Chapter Request: _____</p> <p>Mundane Name: _____</p> <p>Date of Birth (MM/DD/YEAR) _____</p> <p>Persona Name : _____</p> <p>Email Address: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone(Optional): _____</p> <p style="text-align: right;"><input type="checkbox"/> Do not publish my personal information</p> <p style="text-align: right;"><input type="checkbox"/> Do not publish my likeness for Realms use.</p>
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Send completed application and Money Order or Check to:

**Realms of History, Inc.  
4652 Meadow Green Trail  
Lake Worth, FL 33463**

<p><b>Treasurer Use Only</b></p> <p><b>Member ID Number:</b> _____</p> <p>Check/Money Order #, or Cash : _____</p> <p>Date Rev'd: _____ By: _____</p>
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