

**WORLD WAR II HISTORICAL RE-ENACTMENT SOCIETY, INC.  
RE-ENACTMENT PERMISSION/ACKNOWLEDGEMENT FORM FOR  
MEMBERS UNDER 18 YEARS OF AGE**

The World War II Historical Re-Enactment Society, Inc. requires that all members under the age of 18 submit a signed and notarized Permission/Acknowledgement Form to the Society with their annual membership dues form. This is to ensure that the parents or legal guardians of underage participants are aware that their children are participating in a hobby that can present hazardous conditions and that may present a risk of bodily harm.

**Please read the following carefully and affix the proper signatures where noted. This document MUST be submitted along with the annual dues membership form. Any underage membership form received from an applicant under the age of 18 not accompanied by this form will be returned to the sender.**

We/I, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor who is currently at least 16 years old, but not yet 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

\_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_

The State of \_\_\_\_\_  
\_\_\_\_\_  
County

} ss

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

(Seal)

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_