

## Civil War Soldiers for a Day Muster Sheet

Camp Date: November 14<sup>th</sup> 2009

Circle One: Confederate    Federal

Soldier's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male ( )    Female ( )

Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Total Paid: \_\_\_\_\_ (\$40.00 Paid in full required)

( ) Check – made out Latta Place Inc.

( ) Credit Card – Visa/Mastercard/Discover

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Return To:

Matthew Waisner  
Historic Latta Plantation  
5225 Sample Road  
Huntersville, NC 28078

Fax: (704) 875-1724

(If question, call (704) 875-2312, ext. 305)  
mwaisner@lattaplantation.org

**Return this form to Historic Latta Plantation**

**Civil War Soldier for A Day**  
**November 14, 2009**

**Schedule of the Day**

*10:00am - Company Formation (Confederate and Federal)*

*10:30-11:45am – Civil War Soldiers Life Program*

*12:00-12:30pm – LUNCH / MESS*

*12:30-1:00pm – Issuing of Equipment (Kepi / Musket)*

*1:00-2:30pm – DRILL*

*2:30-3:30pm – BATTLE*

*3:30-3:45pm - GRADUATION*

*3:45-4:00pm – Turn in Musket and PICK UP*

*\*Campers please dress for the outdoors, wear appropriate footwear, bring a lunch, and water bottle. Canteens available for purchase in the gift shop.*

# LIABILITY RELEASE FORM

In order to participate in the Civil War Soldier for a Day at Historic Latta Plantation  
(Event Name) (Name of Site)

we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Latta Place Inc. and the directors thereof from any and all liability, claims or demands for Latta Place Inc. personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said activities and/or trip, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, We (I) hereby assume all transportation costs and understand that there will be no refunds for the cost of the activity and/or trip.

\_\_\_\_\_  
(print name of participant)

Only participant need sign if 21 years of age or older. If under 21, *both* parents must sign divorced in which case the custodial parent must sign.

\_\_\_\_\_  
(sign name of participant)

(Parents(s) telephone) \_\_\_\_\_

Hospital Insurance  Yes  No  
Insurance Company \_\_\_\_\_

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

Policy # \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian Date

Physician \_\_\_\_\_

\_\_\_\_\_  
Participant (if age 21) Date

Physician's Phone \_\_\_\_\_

**PARTICIPANT ONLY**

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the direction of the leadership of the activities.

\_\_\_\_\_

(Participant)

Return To:                   Matthew Waisner  
                                  Historic Latta Plantation  
                                  5225 Sample Road  
                                  Huntersville, NC 28078

Fax: (704) 875-1724   (If questions, please call 704-875-2312)

**Mail or fax this form back to Latta Plantation**

**\*Please note any health concerns and allergies here:**

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\_\_\_\_\_

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