

Dear Prospective Re-enactor,

Thank you for showing interest in the 64th Illinois Volunteer Infantry, Company E, “Yates Sharp Shooters.” We are a Civil War era re-enactor group dedicated to preserving the history of America during the American Civil War. Our unit is represented in both the Military and Civilian camps at re-enactments we attend. The majority of events are in Northern Illinois. The unit has a large number of individuals and families of all ages. Everyone is welcome.

Military Presentation:

The unit represents normally a mid war [1863] military look. We do both campaign and garrison events. The difference being that in campaign the soldiers enter camp with what they can carry in, which is very little. The camp resembles an infantry camp in the western theater in 1863. Garrison is usually a dual civilian and military camp with more of the creature comforts.

The 64th Illinois Volunteer Infantry, Company E belongs to the 1st Illinois Battalion, which permits the unit to fall in as a company with a number of other Illinois re-enacting groups at mostly Illinois events. This allows us to fall in with a large number of re-enactors who we train with and allows us to act as a large well-trained battalion. Soldiers can sleep and eat in civilian camp if their families are there or if they wish to camp with more equipment than is allowed in the military camp [a number of our members do this].

Some spare military equipment can be loaned out so you can fall in for a few events while you see how you like it. A full uniform and rifle cost in the neighborhood of \$1000 and many of the members can help you out with advice and where to obtain the best deals.

Civilian Presentation:

Our Civilian members camp in the Civilian/refugee area. Our civilians generally portray civilian camp life in the 1860s. Most portray family members of the soldiers but any legitimate first person impression [nuns, doctors, nurses, orphans...] is acceptable. Our civilian camp is more relaxed than the military camp but we do encourage them to be as authentic as possible and to keep modern conveniences out of sight.

Other information is available from the unit that explains in more detail what equipment is needed and other aspects of Civil War Re-enacting. We operate a democratic style organization with members voting on most issues including field rank and unit officers. We have newsletters that go to all members to keep them up on unit events and information. If you wish to ask any questions or discuss further your interest please contact our Military Coordinator, Bob Bierman [815-725-01488, e-mail: ladypard64@core.com] or our Civilian Coordinator, Mary Gutzke [847-215-2060, e-mail: roseof1861@lycos.com].

64th Illinois Volunteer Infantry, Company E, “Yates Sharp Shooters”
Military and Civilian Civil War Re-enactors
Membership Application

Part I: Applicant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: [Work] _____ [Home] _____ [Cell] _____

Fax: _____

E-mail: _____

Age: _____ Sex: _____

What category will you be portraying? Infantry ___ Civilian ___ Other ___

If you are civilian, other, or if your military impression is other than line infantry soldier, please describe in detail your impression:

Have you reenacted before? _____ If yes, please describe your previous experience. Is there a particular skill [woodworking, sewing, gunsmithing...] you could offer the unit to assist in the overall unit impression?

If you and members of your family are joining a separate application, medical form, and release form should be filled out and submitted for each member. Only one membership fee check is required. Currently there is a yearly dues fee of \$15.00 per family or \$10.00 per individual and is payable after the third event attended and after your application has been accepted by the Executive Board. Please make check payable to: **64th Illinois Company E. Y.S.S.** You must also complete the medical records form as well as the release document for your application to be considered. Please give the applications to the unit President as soon as you have determined you wish to apply for membership to the unit.

Thank you for your interest in the 64th Illinois Volunteer Infantry, Company E. Y.S.S.

Part II: Medical Records Form

Name: _____

Blood Type: _____

Resident Information:

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Personal Information:

Married: ___ Single: ___ If married, spouses name: _____

Medical Information:

Age: _____ Date of Birth: _____ Hair Color: _____

Eye Color: _____ Height: _____ Weight: _____

Drinker: Yes: ___ No: ___ Smoker: Yes: ___ No: ___

Do you have a history of: (please check all that apply)

___ Hypoglycemia

___ Emphysema

___ Diabetes ___ Insulin Dependent

___ Hernia

___ Diet Control

___ Hemophilia

___ High Blood Pressure

___ Back pain or disability [please specify]

___ Heart Disease

___ Thyroid Disorder

___ Asthma [please specify]

___ Previous Surgeries [please specify]

List any medications and dosage you are currently taking:

Give this completed form to the Unit President when applying for membership.

This form should be resubmitted each year with the yearly dues are collected.

Part III: General Release of Liability and Agreement not to Sue

Because re-enacting is **dangerous**, we require all participants and parents of participants to assume **all risk of injury or death** by signing this general release and agreement not to sue.

I/we acknowledge that re-enacting, black powder shooting and related activities are **hazardous** activities and that I/we have made a voluntary choice to participate in those activities despite the risks that they may present. In consideration of my/our being permitted to participate in the activities above of the 64th Illinois Company E. Y.S.S., Inc. [unit], a Illinois non-profit corporation, I/we agree to assume **any and all risks of injury or death** which might be associated with or result from my/our participation in the unit events and activities. Such risks of injury or death may be caused in whole or in part by: burns, cuts, terrain conditions, heat prostration and related conditions, gunpowder, explosions, impacts from debris, accoutrements, vehicles and/or weapons, failure to follow command orders or rules and regulations of the unit, rescue efforts or medical attention provided by anyone connected with the unit, cardiac conditions, falls, or contact with animals. [Note: this is **not** a list of all hazardous activities related to Civil War reenacting and blackpowder shooting. Accordingly, even if injury or death is caused by some other risk or hazard not listed above, I/we still agree to assume any and all risk of injury or death which might be associated with or result from my/our participation in unit events and I/we further release, waive, discharge, and covenant not to sue the unit, the organizers of any unit event, the trustees, officers of, agents of, employees of, or members of the units or any owner, lessor or lessees of any property on which the unit conducts any activity from all liability to myself, or any party claiming an interest through myself [including but not limited to, heirs, spouses, children and beneficiaries], for all loss or damage or demand thereof on account of injury to the person or property or death of myself, which caused by their **NEGLIGENCE** or for any other reason, while preparing for, traveling to or from, or participating in any unit event.

I/we **further indemnify and hold harmless** the parties released above, and each of the parties released above, and each of them from loss, liability, damage or a claim they may incur due to the presence of my/our actions at a unit activity whether caused by their negligence or otherwise.

It is the intent of the undersigned that the above, release of liability and agreement not to sue, be as broad and inclusive as allowed by law, and that if any portion is invalid, the remainder shall continue in full force and effect. The activities which promote participation in the unit events, or the participation for travel to such events, and does not confer or release upon parties not acting in such capacity.

I, the undersigned, have read and understood this release and all its terms. I warrant that the above is true and correct in all respects and that no representations, statements or inducements apart from the foregoing have been made. I consent to whatever medical care might be provided or available for injury occurring during the above activities'

[Print name]

Signature [Adult]

Part IV: Minors [All Children Under the Age 18]

I/we, the undersigned, have read and understood the release and all its terms. I/we warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child whose name appears below and warrant and represent that I am empowered to execute this release on his or her behalf. I consent to whatever medical care might be provided or available for injury occurring during the above activities. I authorize the unit to consent to, authorize, or contract for medical treatment for the below minor required as the result of illness or injury which occurs during the participation in or while traveling to or from unit activity from any unit activity if I am not available.

Print Name of Minor: _____

Signature of Minor [if 12 or over]: _____

Date Signed: _____

Print Name of Parent/Legal Guardian: _____

Signature of Parent /Legal Guardian: _____

Date Signed: _____