

**REGISTRATION AND RELEASE FORM  
BATTLE FOR BROXTON BRIDGE**

Date: \_\_\_\_\_

**REGISTRATION FEE AGE 18 AND OVER \$15.00  
AGES 10 TO 17 \$7.00  
CASH OR MONEY ORDER MADE PAYABLE TO OCR ONLY**

**PLEASE PRINT PLAINLY**

**Circle one:     Artillery     Cavalry     Infantry     Civilian     Other**

Company/Unit name \_\_\_\_\_

State \_\_\_\_\_

Your name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please list any additional person/persons registering (family, etc)

\_\_\_\_\_  
\_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY:**

**I AGREE TO WAVE LIABILITY AND HOLD BLAMELESS THE ORGAINZERS, PROMOTERS,  
PARTICIPANTS OR THEIR AGENTS IN THE EVENT OF ANY LOSS OR INJURY INCURRED BY MYSELF  
OR ANYONE ACCOMPANYING ME TO THE ABOVE STATED EVENT DURING THE TIME PERIOD  
SPECIFIED ABOVE FOR THE SAID EVENT.**

\_\_\_\_\_  
**SIGNATURE** **DATE**

\_\_\_\_\_  
**SIGNATURE** **DATE**

\_\_\_\_\_  
**SIGNATURE** **DATE**