

TORRANCE TACTICAL REGISTRATION FORM

NOVEMBER 3 - 4, 2017

PARTICIPANT INFORMATION		
Name:		
Unit Affiliation:	Please check one: Allied <input type="checkbox"/> Axis <input type="checkbox"/>	
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-mail:		
Medical Limitations and/or Concerns:		
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Phone Number:		
REGISTRATION FEE INFORMATION		
→ Only Cash, Money Orders, & Cashier's Checks Accepted. ← DO NOT SEND PERSONAL CHECKS.		
Payment Method:	Please check one: Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/>	
Make Money Orders and Cashier's Checks payable to: JOSEPH P. SOLTIS		
REGISTRATION FEE & DEADLINE:		
Registration Fee: \$37 Must be postmarked by October 7, 2017. → PLEASE NOTE: LATE REGISTRATIONS WILL NOT BE ACCEPTED. ←		

Please check when completed:

- Registration Form
- Cash, Money Order, or Cashier's Check Enclosed
- SIGNED Hold Harmless Agreement & Waiver and Release of Liability

Please mail **ALL** three (3) items mentioned above to:

Joseph P. Soltis, Event Coordinator
518 Apple Lane
Blairsville, PA 15717

REGISTRATION FEE IS NONREFUNDABLE.
THERE WILL BE NO REGISTRATIONS AT THE DOOR.

TORRANCE TACTICAL WWII EVENT HOLD HARMLESS AGREEMENT & RELEASE AND WAIVER OF LIABILITY

I, the undersigned, **DO HEREBY ACKNOWLEDGE** that as a participant in the World War II reenactment event, I freely and voluntarily engage in a hazardous activity for my own recreation, enjoyment and pleasure. I recognize that, as a part of this activity, other participants and I will traverse difficult and dangerous terrain and obstacles; temporarily occupy, enter and egress through abandoned buildings that may be in a variety of physical conditions; transport and care for, detonate and generally manage explosive materials and devices; enter, exit, ride and use military type vehicles; transport and use various firearms and other weapons; and freely and voluntarily assume any and all risk of injury that such activities involve.

For these reasons, I HEREBY waive and release from liability and agree to hold harmless the following:

1. **The 82nd Airborne Division, 508 PIR Reenactment and Living Historical Unit, 508PIR Inc.; its Officers, Members, Agents, Representatives;**
and
2. **Mr. Joseph P. Soltis, Event Coordinator, of Blairsville, PA, his relations, heirs, agents and/or representatives;**
and
3. **The Altemus Farms of Penn Run, PA, its principals and members, their respective heirs, agents and/or representative(s);**
and
4. **Mr. John McConnell of Blairsville, PA, his relations, heirs, agents and/or representative(s);**
and
5. **All owners and operators of participating vehicles, both modern and vintage that may be used to transport and move personnel on and about the location of this event, and/or that are utilized as part of the event's activities.**

for any and all damages of any kind or nature to my person and property arising out of or resulting from my direct or indirect participation in this event. I desire to participate at my own risk. I further represent that I will follow the event's Rules of Engagement and take all precautions necessary thereto.

I further state that I am in good health, physically fit to engage in this activity and have no medical condition which could foreseeable jeopardize my safety during my participation or be aggravated by such participation. By signing this document, I hereby acknowledge that I have fully read and understood its contents and that I am voluntarily waiving rights that may be granted to me by Federal, State and Local statutes, as well as the common law of this Commonwealth and the United States of America.

Signature of Participant Date _____

Signature of Parent/Guardian (if under the age of 18) Date _____

**No one under age 15 will be permitted to participate in the battle scenarios
(with or without a weapon).**