

2010 AD43 CASTRA LAFE REGISTRATION FORM

Name _____

Address _____

Phone Number _____ E-mail _____

Impression: Roman Germanic Civilian _____

Rank/Name of your impression _____

Unit Affiliation _____

Planned date of arrival _____ Planned date of departure _____

Do you desire a T-shirt? Yes No

If yes, quantity _____ size _____ (total at \$20 each \$ _____)

Medical Prescreen. Do you have any medical condition that the staff of Castra Lafe needs to be aware of? Yes No

Fill out and attach a Medical Condition Declaration Form.

Fill out and attach the 2010 AD43 CASTRA LAFE Release From Liability Form.

Do you have any dietary restrictions that the AD43 staff needs to accommodate?

Yes No Please explain: _____

Pre-registration: \$50 (NOTE: On-site registration is \$60.)
T-shirt: \$20

Prepay Yes Amount enclosed \$ _____

No Amount to be paid on site \$ _____

Please make your check or money order payable to and mail to:

PAUL W. SMITH
500 W. HOVEY #203
SPRINGFIELD, MO 65802

AD43 RELEASE FROM LIABILITY FORM

I, the undersigned, do hereby state that I wish to participate in activities that are being conducted at the ancient reenactment event known as AD43.

AD43 makes no claims or representations as to the safety or condition of the land, buildings, facilities or surrounding property.

AD43 staff have regulations that govern and may restrict certain activities that I may participate in, and that these rules are listed in the *AD43 Castra Lafe Handbook*.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or possibly harmful to my person or property, and by willingly participating, I accept and assume the risk of injury to myself or damage to my property.

I understand the AD43 Event Staff does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my own safety and my own personal well-being as well as the protection of my property.

I have read and understand the entirety of the *AD43 Castra Lafe Handbook* and understand and agree with its contents without reservation.

By participating in AD43, I agree to release from liability, and agree to hold harmless and indemnify any AD43 Staff Member or AD43 Agent working within the scope of their duties for any injury to my person or damage to my property.

This release will be binding upon myself, successors in interest, and/or any persons suing on my behalf.

I have read the statements in this document. I completely agree with its terms and have signed it of my own free will. I understand that this document is complete unto itself and that any oral representations or promises made to me concerning this document and or its terms are not binding against the AD43 Staff or its agents.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name: _____

Legal Signature _____ Date: _____

Address: _____

City/State/Zip: _____

MEDICAL CONDITION DECLARATION FORM

The purpose of this document is to inform emergency attending medical professionals of any known medical condition which may prove life threatening or dangerous to the person signing this form.

This information contained herein is confidential and shall not be made publicly available.

Do you now or have you had any condition which requires regular attendance by a physician or doctor?

Yes No If yes, what is the condition?

Are you now taking any prescription medications? If so, please list the medications and dosages in the event of an emergency situation for the information of the attending doctor or EMS person.

A. _____ D. _____

B. _____ E. _____

C. _____ F. _____

Do you have or are you aware of any allergy or sensitivity to environmental, dietary, or material objects which you may have?

Yes No If yes, what are they?

Do you have any other medical condition or situation which you feel would be important to a medical professional in the event that you were unable to communicate?

Yes No If yes, what would that be?

Does the staff of AD43 have authority to call an ambulance, medivac, or otherwise initiate emergency medical care for the person signing this form in order to preserve life, limb, or general well-being as seen by the AD43 staff member initiating the call for emergency assistance?

Yes No

I certify that the above information is complete and true to the best of my knowledge. I refer any questions regarding this form back to my signed statements on the AD43 Registration Form and the AD43 Castra Life Release From Liability Form.

Printed Name _____

Signature _____ Date _____

AD43 VENDOR REGISTRATION FORM

Persons *or companies* wishing to set up a booth for selling period items may do so starting on Thursday when the site opens. Please note that after Thursday night no modern vehicles will be allowed past the bridge. Vendors must register and sign the release of liability form as a participant.

Vendor fee is \$25.00. This is in addition to the individual entrance fee. Participation as a vendor means you will follow all rules and regulations of the site, and all federal and state laws regarding resale of items. By signing this agreement you are essentially stating that you are accepting responsibility for any federal or state tax burden which accompanies the selling of *merchandise at this event*.

By signing this agreement you as a vendor are agreeing to the following conditions:

1. I understand I sell by invitation at the event and because AD43 is private property, *Castra Lafe AD43 staff may limit the items tendered for sale, operation and location of any point of sale on the property during the event. I also understand that I am responsible for the Arkansas sales tax and will ensure that these funds are provided to the staff of Castra Lafe prior to leaving the property. (The current sales tax rate will be provided to the vender upon arrival.)*
2. By signing this registration form *I understand that I am an independent operator and not an employee or staff member of AD43. Castra Lafe AD43 staff makes no claim to accuracy or quality of goods tendered for sale and all sales are between vendor and customer. Castra Lafe AD43 staff does not accept any financial responsibility for goods sold or bought on site.*
3. I understand that this is a reenactment event and my goods must conform or appeal to the period of 50 BCE to AD 250. Any items that are ancient related but modern in form such as Roman or Celtic T-shirts, stickers and hats, etc are allowed but will be kept under cover until a possible sale is imminent. They will then be placed back under cover once sale is completed. Under no circumstances will items such as shirts, CDs, etc. be left out. The idea is to approximate a period potter, metal smith, wood worker, etc.
4. Tents or flys will be canvas or *other material* appropriate to the period. No scalloped tents, PVC, or aluminum poles please. *Wooden poles may be cut on site if required.*
5. I will adhere to the dress code of AD43. I will dress appropriate to the period 50 BCE to AD 250. Fantasy or Science Fiction is neither appropriate, nor acceptable.
6. I understand that AD43 is a family event, any items or products that would be inappropriate to *this venue are **strictly prohibited**. Historically accurate items such as cast phallus type amulets may be sold, but must be kept "under table."*
7. I understand that AD43 staff is not responsible for accidents, theft, *or loss/damage of sale items due to poor weather conditions during the event.*
8. I agree that I will portray a merchant/craftsman appropriate to this time period and will strive to keep my area as historically accurate as possible.

Printed Name _____

Signature _____ Date _____

General Description of Merchandise to be sold: _____
