

## **Instructions**

1. Each re-enactor attending should fill out and send in the following form and waiver.
2. The first 250 registered will receive food packages.
3. The registration cap is 350 persons.
4. Please pre-register by June 30, 2008

## **Unit Registration Option**

To simplify paperwork, units may pre-register off a single form.

1. Have the unit commander or designated point of contact fill out the form attached.
2. Attach a list of unit members attending.
3. Please indicate how many of your members will be
  - a. Camping on site
  - b. Participating in the battle
  - c. Participating in Friday's "Thunder Run"
  - d. Participating in Saturday's "Thunder Run"
4. Please have each member fill out and sign the waiver form and either mail it in or hand carry it to the event.

## **Special Instructions**

If your unit has any special requirements, (large or multiple tents, large displays etc...) Please include this information on a separate sheet with your registration so we can attempt to accommodate this in our set up plan.

If you or your unit has a "special event" and would like time and space for this, please indicate this as well. We encourage units to engage in period type events in the camp area, examples would be period PT demonstrations, close order drill, weapons instruction (no firing in the camp area though). Ideas and suggestion are welcome.

**Yankee Air Museum  
2008 Thunder over Michigan Individual Re-enactor Registration**

Which day(s) do you plan on attending? (Fri August 8) (Sat August 9) (Sun August 10)

Will you be camping on site? (Y) (N)

Will you be participating in the re-enactment battle? (Y) (N)

Will you be participating in Fridays "Thunder Run"? (Y) (N)

Will you be participating in Saturday's "Thunder Run"? (Y) (N)

**Section 1 Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

**Section 2 Impression (re-enactors)**

What era is your impression WWI \_\_\_ WWII \_\_\_ other \_\_\_\_\_

Country \_\_\_\_\_

Branch / Unit \_\_\_\_\_

What sort of Weapon will you be bringing? \_\_\_\_\_

Are you a member of an organized Re-enactment unit? (Y) (N)

If yes, provide unit info; please include your unit commander's name.

\_\_\_\_\_

\_\_\_\_\_

**Section 3 Vehicle Owners**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Unit markings or other details \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Unit markings or other details \_\_\_\_\_

**Waiver of Liability**

I (print name) \_\_\_\_\_ do hereby release from any and all liability the Yankee Air Museum and its appointed representatives for any and all injuries to myself or any damage or loss to my property which may occur while I am involved in the activities at the "Thunder over Michigan" Air show held at Willow Run Airport August 8-10, 2008

I acknowledge that there may be certain dangers which can be associated with the re-enactment of any military maneuver or combat encounter, such as the event indicated above, and I accept these dangers voluntarily, with my participation being of my own free will. In signing this waiver of liability, the undersigned person acknowledges that they read and understood the rights waived herein and that a copy of this form has been offered to them.

I also agree to abide by any and all rules and regulations set forth by the event staff and the Willow Run Airport Operations.

**Authorization of Emergency Medical Care**

I (print name) \_\_\_\_\_ do hereby authorize the Yankee Air Museum (YAM) events staff to authorize emergency medical treatment on my behalf in the event that I should sustain any injury or suffer any medical distress while participating in this event. It is understood that this is not a transfer of liability or responsibility to the YAM events staff, but is intended to authorize medical care on my behalf in the event that I am unable to provide for myself.

In signing this authorization for medical care, I hereby acknowledge that I have read the above and that a copy of this form has been offered to me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please note any medical conditions / Allergies \_\_\_\_\_

**In case of emergency notify**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**If the participant is under 18, a parent or legal guardian must fill out the below section**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please send completed forms to  
Chris Causley / Living History Dept  
Yankee Air Museum  
PO Box 590  
Belleville, MI 48112-0590  
Or send electronic copies to [chris.causley@yankeeairmuseum.org](mailto:chris.causley@yankeeairmuseum.org)*