



VIKINGS NORTH AMERICA

VIKING, SAXON AND NORMAN RE-ENACTMENT

Membership Form

Legal name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ Email address: _____

VNA name: _____ Group name: _____

VIKINGS NORTH AMERICA, INC. CONSENT TO PARTICIPATE AND RELEASE OF LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by Vikings North America LLC, an Oklahoma-based company (hereafter VNA). VNA has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: the VNA constitution, VNA combat rules, VNA village guideline, authenticity requirements and chapter regulations. VNA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether owned, leased, operated or maintained by VNA. 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 harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property. I understand that VNA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property. In exchange for allowing me to participate in these VNA activities and events, I agree to release from liability, agree to indemnify, and hold harmless VNA, and any VNA agent, officer or VNA employee acting within the scope of their duties, for any injury to my person or damage to my property. This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf. I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon VNA, its officers, agents and/or employees.

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

Legal Name (PRINT):

Legal Name (SIGN):

Parent/Guardian (SIGN):

Date:

Membership fees: (please mark one)
Adult (full membership) \$20.00 _____
Jr. Membership (age 13-18) \$10.00 _____
Youth membership (age 12 and under) 5.00 _____

Please make checks out to Vikings North America or contact Michal for Paypal information.

Please return forms with a picture to:

VNA membership
609 NW 17th Street
Oklahoma City, OK 73103
United States

Or electronically to: vikingsna@gmail.com