



Searle's Buccaneers

**Registration  
and Waiver Form**

*354<sup>th</sup> Anniversary  
Sack of Saint  
Augustine*

*5 March 2022*

**I understand** that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure the safety of the equipment used to see that it is operated properly, and that the Historic Florida Militia and its DBA, Searle's Buccaneers, City of St. Augustine, St. Johns County, University of Florida, and their staff and representatives, henceforth referred to as the 'Indemnities', assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the Searle's Buccaneers, I waiver and release and hold harmless the Indemnities and their staff and representatives from any and all claims of damages against the Indemnities and their staff and representatives for injury, or death, or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments, and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of or in connection with my participation in this event.

**I further understand that marching in the evening parade requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations.**

**Print name:**

**Age:**

**Street Address:**

**City:**

**State:**

**Zip**

**Country:**

**E-mail address:**

**Cell number:**

**Emergency Contact #**

**Fee- \$20 cash or check  
>Checks can be made out to:  
Searle's Buccaneers**

**What unit/crew are you  
associated with?**

**Tenting- No Yes**  
**Space needed- \_\_\_\_\_ x \_\_\_\_\_**  
**Number of people- \_\_\_\_\_**

**Name of lodging-**  
  
**How many nights? \_\_\_\_\_**

***Please sign and date:***

**Date \_\_\_\_\_ / \_\_\_\_\_ /2019**



**ST AUGUSTINE | PONTE VEDRA**  
ST JOHN'S COUNTY TOURIST DEVELOPMENT COUNCIL  
[HistoricCoastCulture.com](http://HistoricCoastCulture.com)



