

**Paranormal Investigation Permission  
Perryville Battlefield State Historic Site  
Perryville, Kentucky**

**Minors Release of Liability, Hold Harmless Agreement & Indemnity**

NAME OF MINOR: \_\_\_\_\_  
(PLEASE PRINT)

DRIVERS LISCENCE NUMBER OF PARENT OR GUARDIAN \_\_\_\_\_

I, \_\_\_\_\_, the undersigned parent or guardian of  
\_\_\_\_\_,(name of minor), DOB \_\_\_\_\_(date of birth of  
minor), do hereby consent for him/her to participate in a private paranormal  
investigation at Perryville Battlefield State Historic Site on the date of: \_\_\_\_\_.

In case of an accident or injury to my child, I authorize my child to be treated by a  
medical professional and/or to be given or provided such emergency medical care as  
may be required. My medical insurance carrier and ID Number and/or Social Security

Numbers are \_\_\_\_\_ . My child's

Physician is \_\_\_\_\_.

In case of emergency call: \_\_\_\_\_ at (    ) \_\_\_\_\_ - \_\_\_\_\_.

I, \_\_\_\_\_,(parent or guardian) recognize that the  
grounds of the Perryville Battlefield State Historic Site are closed from dusk to dawn, and  
walking the site after dark may be considered a dangerous activity. While it is the intent  
of the Kentucky Department of Parks to make any activities or work on the event site as  
safe as possible, there can be no guarantees of absolute safety. This site is composed  
of undeveloped land that cannot be made completely safe without destroying its rustic  
character. In addition, this type of activity may be considered strenuous and held in  
prevailing hot and/or wet weather conditions. In exchange for being allowed to  
participate in the activities related to paranormal investigations ("the event"), I hereby  
covenant, promise and agree for my minor child, myself, my personal representatives,  
heirs and next of kin, that neither the Tourism, Arts and Heritage Cabinet, Kentucky  
Department of Parks, nor Perryville Battlefield State Historic Site, any of its agents,  
officers or employees shall be held responsible or liable for any negligence, implied or  
otherwise, for personal injury or damages suffered or sustained by my minor child in  
connection with, arising out of, or resulting from any and all activities associated the  
abovementioned event. I understand the inherent risk associated with the  
aforementioned event and allow my minor child to participate. I further release the  
Commonwealth of Kentucky, Tourism Cabinet, Kentucky Department of Parks, Perryville  
Battlefield State Historic Site and agents, officers, and employees thereof, from any and  
all claims for personal injury or loss, financial loss of any kind or suffered, or damage to  
personal property suffered or sustained by my minor child.

I also agree to assign to the Kentucky Department of Parks, or its employees, agents or representatives, the right to use my image in recorded video or photographic still image form taken during the event without restriction, and do hereby waive all rights to compensation for the same.

I also understand that this document is only good for the date and time requested on the Agreement and I must vacate the premises after the time expires.

I further understand that the activities referred to only cover the grounds and do not entitle me access to any building, structure, or any other areas of the park that are restricted to the public for reasons of safety and security.

I further understand that this activity must be scheduled in advance and that there is a cost for said activity. I further understand that any violation of park policies or laws will result in a revocation of invitation and, as a result, I can be evicted from the site without notice and without refund.

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Parent or Guardian Name (Please Print)

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Parent or Guardian Signature

Date and Time

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Witness Name (Please Print)

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Witness Signature

Date and Time