



KENTUCKY DEPARTMENT OF PARKS
WAIVER AND RELEASE OF LIABILITY OF CLAIMS

PARK NAME: _____

EVENT: _____

DATE OF EVENT: _____, 20__

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 _____ (name of activity) at _____ (name of state park) on _____, 20__ (date of activity).

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 No. and/or Social Security No. are _____. My child's physician is Dr. _____.

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 _____ (name of state park), 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 with the abovementioned event. I understand the inherent risk associated with the aforementioned event and allow my minor child to participate.

PARENT OR GUARDIAN NAME (Please Print)

PARENT OR GUARDIAN SIGNATURE

DATE

WITNESS NAME (Please Print)

WITNESS SIGNATURE

DATE

