



KENTUCKY DEPARTMENT OF PARKS
WAIVER OF MINOR'S LIABILITY CLAIMS

PARK NAME: Perryville Battlefield

EVENT: 162ND COMMEMORATION OF THE BATTLE OF
PERRYVILLE

DATE OF EVENT: October 5, 2024.

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 Commemoration at Perryville Battlefield on October 5, 2024

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 Perryville Battlefield, 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.

PARENT OR GUARDIAN NAME (Please Print)
