KENTUCKY STATE PARKS

KENTUCKY DEPARTMENT OF PARKS

WAIVER OF LIABILITY CLAIMS

PARK NAME: _Perryville Battlefield_____

EVENT: THE 162ND COMMEMORATION OF THE BATTLE OF PERRYVILLE_____

DATE OF EVENT: _October 5, 2024

I, _____, the undersigned, plan to participate in Commemoration__ at _Perryville Battlefield on _October 5,2024.

In case of an accident or injury during this activity, I hereby covenant, promise and agree for myself, my personal representatives, heirs, and next of kin that neither the Tourism, Arts and Heritage Cabinet, Kentucky Department of Parks, nor Perryville Battlefield or 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 me in connection with, arising out of, or resulting from any and all activities associated with the abovementioned event.

_____

PARTICIPANT NAME (Please Print)

_____

PARTICIPANT SIGNATURE **DATE**

_____

WITNESS NAME (Please Print)

_____

WITNESS SIGNATURE **DATE**

Kentucky UNBRIDLED SPIRIT