

## KENTUCKY DEPARTMENT OF PARKS <u>WAIVER OF LIABILITY CLAIMS</u>

WITNESS SIGNATUR	 E	DATE
WITNESS NAME (Ple	ease Print)	
PARTICIPANT SIGNATURE		DATE
PARTICIPANT NAME	(Please Print)	
with the abovemention	oned event.	
	-	esulting from any and all activities associated
any negligence, impl	ied or otherwise, for pers	sonal injury or damages suffered or sustained
	_	ployees shall be held responsible or liable fo
Tourism, Arts and	Heritage Cabinet, Kent	tucky Department of Parks, nor Perryvill
agree for myself, m	y personal representativ	ves, heirs, and next of kin that neither the
In case of an	accident or injury during	g this activity, I hereby covenant, promise and
	n <u>r enry (me Bautenera</u>	on <u>-</u> <u>-</u> <u>-</u> <u>-</u>
	at Perryville Battlefield	
T.		, the undersigned, plan to participate is
DATE OF EVENT:	October 5, 2024	
PERRYVILLE	-	
EVENT:	THE 162ND COMMEMO	PRATION OF THE BATTLE OF
PARK NAME:	<u>Perryville Battleffeld</u>	

