

**Paranormal Investigation Waiver
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
participating in a paranormal investigation on the grounds of the Perryville Battlefield
State Historic Site after hours 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.

Parent or Guardian Name (Please Print)

Parent or Guardian Signature

Date

Witness Name (Please Print)

Witness Signature

Date