

KENTUCKY DEPARTMENT OF PARKS
WAIVER OF MINOR'S LIABILITY CLAIMS (FOR PARTICIPANTS UNDER AGE 18)

Participants should dress comfortably in clothes that may get dirty. It is advisable to wear insect repellent and bring a water bottle during the warmer months. All jewelry, wallets, cell phones, and keys should be removed before arrival. Anyone with health problems or disabilities that may limit involvement should notify their facilitator.

Certain risks and dangers may occur during participation on the Audubon State Park Challenge Course. These include but are not limited to the hazards of depending on other people, being at various heights (ground to 10 feet), and the forces of nature. I further understand that while participating in these activities I will be exposed to the elements of nature, including temperature extremes and inclement weather.

Park **John James Audubon State Park**

Participant Name: _____

Event: J. J. Audubon State Park Low-Ropes Challenge Course

Date of Event: _____

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 Low Ropes Challenge Course (name of activity) at John James Audubon State Park (name of state park) on _____ (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 John James Audubon State Park (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.

Emergency Contact **Relationship** **Phone number - Home** **Phone number - Cell**

Does the participant have any medical conditions (or medications) we should be aware of? Yes No
Please list if answered "Yes."

Please check one:

- I give Kentucky State Parks permission to use my (or my child's) photograph(s) in its publications, promotional material or on its web site to promote parks. I release the Kentucky Department of Parks, the photographer, employees, and the state from liability for any violation of any personal or proprietary right I may have in connection with such use
- Please do not take or use my photo.

Parent or Guardian Name (Please Print) **Parent or Guardian Signature** **Date**

Witness Name (Please Print) **Witness Signature** **Date**

