

ACTIVITY RELEASE FORM

All participants in walking tours conducted by LeRoy Heritage Museum, Inc. must sign an Activity Release Form. The form must be filed with the museum prior to the event. If the museum is missing a form for a participant on the day of the event, the person will not be permitted to attend. **One form may be used for each household.**

Completely fill in the following information (please print):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Email: _____

Participants in walking tours may encounter a variety of rugged conditions. By signing below, I agree that I fully recognize the possible dangers to which I may be exposed. The terms hereof shall serve as a release, indemnification, and assumption of risk for myself, my heirs, executors and administrators and for all members of my family, including any minors accompanying me. I hereby release all claims against LeRoy Heritage Museum, Inc., its board of directors, representatives, and activity leaders, for any personal injury, death, or property damage/loss, direct or consequential, arising out of, or in any way connected with such activities, including without limitation any acts or omission caused in whole or in part by their negligence. This is a legally binding document, which I have read and understand.

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

If more signatures are required, please use the reverse side of this sheet.▶

PARENT OR LEGAL GUARDIAN PERMISSION FOR MINORS

A Parent or Legal Guardian must give permission for all persons under the age of 18. Minors should sign and date the "Signature of Participant" line above and a parent or legal guardian should sign and date the appropriate line below.

I hereby certify that I am the parent or the court-approved legal guardian of the minor who has signed above. I hereby grant such minor permission to participate in the LeRoy Heritage Museum walking tour, and in such minor's behalf, I hereby agree to all of the terms of the Activity Release Form printed above as if such were fully written here.

Signature of: - Parent: _____ Date: _____

-OR- - Guardian: _____ Date: _____

Work / Additional Phone Number: _____