



River of Time Living History Encampment

Accident Waiver and Release of Liability

Family (Adult and Children)

I acknowledge that this reenacting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of reenactor's equipment, the handling and demonstration of firing black powder weapons, hand tools or weapons, vehicular traffic, actions of other people including, but not limited to, reenactors, volunteers, spectators, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I acknowledge that the County of Bay, City of Bay City, the Bay County Historical Society, and the River of Time Committee, their elected and appointed officials, employees, volunteers, and staff have no means of ascertaining my present physical condition beyond this, my certification.

I acknowledge that this Accident Waiver and Release of Liability form may be used by the County of Bay, City of Bay City, the Bay County Historical Society, and The River of Time Committee, sponsors and organizers, and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- A)** Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, including as to my travelling to and from this event, the following entities or persons the County of Bay, City of Bay City, the Bay County Historical Society, and the River of Time Committee, their elected and appointed officials, employees, volunteers, and staff to the extent permitted by law,
- B)** Indemnify and Hold Harmless the entities or persons mentioned in these paragraphs from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this event.

I will report any medical condition(s) I currently have to my Unit Commander.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I hereby certify that I have read this document and understand and agree to its content. **(MUST FILL OUT & SIGN)**

Name (print) _____ Unit/Sutlery _____

Address _____ Car Plate # _____

City, State, Zip _____ Phone # _____

Signature _____ Date _____

Parent/Guardian Waiver for Minors

The undersigned parent and natural or legal guardian does hereby represent that he or she is, in fact, acting in such capacity and agrees to the extent permitted by law, to save and hold harmless and indemnify the County of Bay, the City of Bay City, the Bay County Historical Society, and the River of Time Committee, their employees, agents, assigns, and volunteers from any liability, loss cost, claims or damage whatsoever which may be imposed upon or incurred by said parties in this regard on behalf of both the minor and the parents or legal guardian.

The undersigned parent and natural or legal guardian will also report any medical conditions the minor(s) named below, currently have to the Unit Commander.

Minor(s) 1) _____ 2) _____

(print names of each) 3) _____ 4) _____

 5) _____ 6) _____

Parent/Legal Guardian _____ Unit/Sutlery _____

Signature _____ Date _____