

River Through Time

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MEMORIAL WEEKEND RE-ENACTMENT

Military & Civilian Re-enactors Adult Accident Waiver and Release of Liability

I acknowledge that this re-enacting 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 the terrain, facilities, horses, temperature, weather, condition of re-enactor's equipment, the handling and demonstration, firing of black powder weapons, vehicular traffic, actions of other people including but not limited to re-enactors, volunteers, spectators, event officials and event monitors and / or producers of the event and lack of hydration. I hereby assume all the risks of participation 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 Accident Waiver and Release of Liability form will be used by River Through Time and the City of Coldwater, its elected or appointed officials, employees, volunteers, representatives and agents from all liability, volunteers, the sponsors, hosts, and organizers. 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 assign 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 traveling to and from this event, the following entities or person, River Through Time Committee and the City of Coldwater, there volunteers, sponsors, hosts and organizers and staff to the extent permitted by the law.

(B) Indemnify and hold harmless the entities and the persons mentioned from any and all liabilities or claims made by other individuals or entities as a result or relating to my attendance at or participation in this event.

I hereby consent to receive medical treatment, which 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.

NAME: _____ SIGNATURE _____ Date: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE & EMAIL: _____

WITNESS _____ SIGNATURE _____ DATE _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE & EMAIL: _____