

River Through Time

P.O. Box 821, Coldwater, MI 49036. Ph. 517-258-1360
www.riverthroughtime.com. Email: riverthroughtime@gmail.com

Parent/Guardian Waiver for Minors

The undersigned parent and natural guardian or legal guardian does hereby represent that he is in fact acting in such a capacity and agrees to the extent permitted by law to save and hold harmless and indemnify River Through Time and the City of Coldwater, its elected or appointed officials, employees, volunteers, representatives and agents from all liability, loss, claim or other damage whatsoever which may be imposed upon or incurred by said parties in this regard on behalf of the minor and the parents or legal guardian as well.

Minors Name: _____ Age: _____

Minors Name: _____ Age: _____

Minors Name: _____ Age: _____

Minors Name: _____ Age: _____

Minors Name: _____ Age: _____

Minors Name: _____ Age: _____

Parent/Legal Guardian: _____

SIGNATURE: _____ Date: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE & EMAIL: _____

WITNESS: _____ SIGNATURE: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE & EMAIL: _____

Unit/Merchantile _____