

Liability Release Form

While safety at Living History Day is a major priority, as with any outdoor activity there is risk involved. I fully recognize that there are dangers and risks to which I and my child/children may be exposed by participating in Living History Day such as wood working tools and open fires. I, therefore, agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity in my own behalf and on behalf of my child/children during Living History Day. I release Vision Heirs, their employees, and their volunteers from any and all liability, claims and actions that may arise from injury or harm to me, including death, or from damage to my property in connection with this activity. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child/children for any illness or injury that he/she/they may sustain during the event.

My signature upon this form also indicates agreement and acceptance on behalf of all minor children (under 18 years of age) under my care in attendance.

Signature: _____ Printed name: _____

Date: _____ Phone _____

Address: _____ City/State: _____ Zip code: _____

Email address (optional): (please print) _____

Those for whom I am responsible at Living History Day, Arvada, CO:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please stay with your children!