

WAIVER AND RELEASE FROM LIABILITY FOR PARTICIPANTS



I will not hold Mount Tabor Arts Collaborative (MTAC), Mount Tabor Historical Society (MTHS), or any of their representatives responsible for any loss or injury I may incur at the walking tour. I am in good health and able to participate without restriction. I agree to assume all risks inherent in participation in such a program, whether they are apparent to me or not. I authorize MTAC/MTHS to contact appropriate emergency personnel, should I need medical assistance. I accept full responsibility for the care and supervision of any child(ren) I bring to the Ghost Walk activities.

In conjunction with my participation in the Ghost Walk, the organizations may arrange to make certain images of visitors participating in the walking tour, such as still photographs or recorded moving images. I consent to, give permission for, and authorize the use of any images in which I may appear.

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

(Parent/Guardian if under 18) _____ **Date** _____