

Lombard Historical Society
Participant Information and Waiver

Are you a member of the Lombard Historical Society? YES NO

Today's Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell phone: _____

E-mail: _____

Waiver and Release of All Claims

I agree to waive and relinquish all claims that I have as a result of my participation in any Lombard Historical Society museum, program or event at any location against the Lombard Historical Society, the Village of Lombard, and all other officers, agents, servants, or employees. I do hereby fully release, indemnify, and hold harmless the Lombard Historical Society, Village of Lombard and all other officers, agents, servants, or employees from any claims resulting from injuries, including death, damage or loss sustained by our participation and arising out of, connected with, or in any way associated with our participation in the Lombard Historical Society's museums, programs or events.

Permission to use photos or images

I also grant the Lombard Historical Society the right to use my name and/or photos in any and all media unless otherwise indicated.

I have read and understand the Waiver and Release of All Claims and the Permission to use photos or images.

Signature: _____ Date: _____