

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in allowing your child to participate in the Lombard Historical Society's Civil War Reenactment, you will be waiving and releasing all claims for injuries your child might sustain arising out of the event July 21-23.

I/We _____, hereby represent that I/we am/are the parent(s)/legal guardian(s) of _____, (hereafter the "child") who is a minor.

I/We agree to waive and relinquish all claims I/we and my/our child may have as a result of said child's participation in the Lombard Historical Society's Civil War Reenactment, against the Lombard Historical Society, the Village of Lombard, and/or the respective officers, agents, servants, and employees.

I/We do hereby fully release and discharge the Lombard Historical Society, the Village of Lombard and their respective officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I/we and/or my/our child may have or which may accrue to me/us and/or him/her on account of his/her participation in the Lombard Historical Society's Civil War Reenactment.

I/We do further agree to indemnify and hold harmless and defend the Lombard Historical Society, the Village of Lombard and their respective officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damage or loss sustained by my/our child and arising out of, connected with, or in any way associated with his/her participation in the Lombard Historical Society's Civil War Reenactment.

I/We further grant to the Lombard Historical Society the right to use my/our child's name and/or likeness in any and all media, without territorial, time, use or other limitation and waive any claim of royalty, right or remuneration of said use.

I/We have read and fully understand the above Lombard Historical Society Civil War Reenactment Wavier and Release of All Claims.

Signature of Parent/Guardian Date Phone

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