

Liability Waiver

Covington Ghost Tour Waiver and Release of All Claims:

I recognize and I agree to assume the full risk of injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such tour(s). I agree to waive and relinquish all claims I or my minor child/ward have as a result of participating on the tour against the Covington Ghost Tours and its officers, agents, servants, and employees. I do hereby fully release and discharge Covington Ghost Tours and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities or the tour(s), to include all claims arising out of, connected with or in any way associated with the activities of the walking tour service. In the event of any emergency, I authorize the Covington Ghost Tours officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permissions to secure treatment, to which I have affixed my original signature and have dated the same document.

Print Name _____

Signature _____ Date _____

Signature of Parent or Legal Guardian _____