

I have read this waiver, understand its content, and voluntarily agree to its terms and conditions. I acknowledge that I have had the opportunity to seek legal counsel if desired.

Parent/Guardian's Full Name:

Date:

Minor Participant's Full Name:

Signature of Parent/Guardian: _____

*Please complete the waiver and provide a copy to museum staff before the tour on October 13th at the museum reception.

Or email a signed copy to info@fortlareinemuseum.com