Scarecrow Stroll Registration and Waiver

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| Phone: |

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Individual/Business/Organization:

Contact Name:

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Address of Display:

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Mailing Address (display number will be sent):

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Scarecrow Title:

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

 Please read this information carefully and be aware that in signing the form and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with or associated with this event.

I recognize and acknowledge that there are certain risks of physical injury to participants in this event and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may have (or to accrue to me) as a result of participating in this event against the City of Chester, including their officials, agents, volunteers, employees, and sponsors.

I do hereby fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with this event.

By signing this entry form, I understand that the City of Chester may use photographs of scarecrow entries and names of entrants(s) for publicity and promotion. Entrant(s) agree to leave scarecrows on display October 19th – October 31. The city of Chester is not responsible for lost, stolen or damaged items.

I acknowledge that I have the right sign this document for my, my child, family, group, organization, or business, and hereby agree and understand the contest rules.

My signature below indicates that I have read and agree to the Waiver and Release of All Claims and Assumption of Risk Form.

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Printed Name:

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Signature:

Date:

DO NOT WRITE IN THIS AREA

ENTRY # \_\_\_\_\_\_\_\_\_\_\_