Salisbury Recreation Advisory Committee is hosting an:

Easter Egg Hunt



** Must Register by March 16 **
Please return registration form to Salisbury Township Building

This event is not endorsed by Salisbury Township School District

2016 SALISBURY TOWNSHIP EASTER EGG HUNT March 19, 2016 – 10:00 AM

REGISTRATION FORM

Children ages 3 – 10. Submit one form per child.

CHILD'S NAME:(Please Print)			M	l F	D.O.B:
(AGE)				
ADDRESS:		City		State	
	COUDY TOWNSHII	•	NO		Ζιρ
RESIDENT OF SALIS					
PARENT/LEGALGU	ARDIAN NAME:				(Emergency Phone #)
Day Phone	Eve	ning Phone		Cell Pho	one
Email:					
PLEASE LIST ALL A	ALLERGIES:				
PLEASE LIST ANY I					N/ALLERGIES WE SHOULD
<u>REI</u>	_EASE AND WAI	IVER OF LIABILIT	Y AND INI	DEMNITY A	AGREEMENT
Easter Egg Hunt, I/w Recreation Departme claim or demands the except in the case of	e shall release, wai nts, and/or its agent reof on account of i gross or willful wa ts and/or employees	ive, discharge and co ts and/or employees, injury to the person nton negligence of th or otherwise, while the	ovenant not from all liab or property ne Township ne named pa	to sue Tow bility from any or resulting i o of Salisbury	ated with the Salisbury Township nship of Salisbury, its Parks and y and all loss or damage and any n death of the named participant and/or its Parks and Recreation icicipates in the Salisbury Township
employees from any a damage which the To legally obligated to pa against the Township to the person or prope	and all liability, loss of ownship of Salisbury y including reasonab of Salisbury, its Park erty or resulting in the aship of Salisbury, its	or damage, including r, its Parks and Recre ble attorney's fees and ks and Recreation Dep he death of the name	but not limi eation Depar I costs, as a partment, its ed participan	ted to, bodily tments, its a result of clai agents and/o t except in th	Departments, its agents and/or injury, illness, death or property agents and/or employees become ms, demands, costs or judgments or employees on account of injury ne case of gross or willful wanton and/or employees and whether or
I/we am/are aware that participation in this program may present a strain on my child's body or parts and therefore, I represent to the Salisbury Township Parks and Recreation Departments that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate in any and all activities associated with the Salisbury Township Easter Egg Hunt and that I/we assume the risk of participating in the aforementioned activities. I acknowledge that I have received information concerning the Easter Egg Hunt Activities given with registration, including the absence of medical personnel as it pertains to the egg hunt and other programs.					
emergency, I/we here order injections and/o change without notice privileges may be rev	by give permission to r surgery for the saft and that my child no oked from any parti gned, have read this	to the attending phys fety of my child. I/we nay be videotaped or icipant at the sole di s Release and unders	ician to treate understand photographe scretion of tand all of its and all of its	t, hospitalize, I that the outed during parties Recreation its terms. I/v	sible to contact me and it is an administer anesthesia, and/or to tline of this program is subject to ticipation. I/we further agree that n staff. I/we, the parent or legal we execute it voluntarily and with I next to my name.
Signature of Parent	/Legal Guardian			Date	