



Crescent Township Night at the Washington Wild Things



Saturday, June 8, 2024

Family Name _____

Phone _____

Address _____

E-Mail _____

Cost: \$10 - Crescent Resident \$5 - Bus Resident

\$10 - Non-Resident \$10 - Bus Non-Resident

FOR OFFICE USE ONLY

Check # _____

Cash

Participant Names & Ages

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Make checks payable to Crescent Township.
ALL FEES ARE NON-REFUNDABLE UNLESS TRIP IS CANCELLED**

Statement of Understanding and Release

I, _____ the undersigned, hereby enroll for Crescent Night
With the Wild Things. In so enrolling, I recognize and agree that:

1. Participation can result in serious injury and disabilities;
2. I am responsible for all medical expenses and/or injuries sustained while participating in the program;
3. Health insurance coverage is not provided by the Township of Crescent. Responsibility for providing medical insurance, if any, is that of the participant;
4. I hereby release and hold harmless the Township of Crescent, it's officers, volunteers and employees from any and all liability for any injury, liability or claim that might arise by reason of my or my family's participation in the Program;
5. Photos and/or videos may be taken and published in local publications and/or web media.

Applicant Signature _____ **Date** _____