

Participant Sign Up Vendor
Scarecrows in the Park/ Trunk or Treat/ Haunted Trail

Your name: _____

Address: _____

Phone: _____ Cell: _____

E-mail: _____

Business Name: _____

In consideration of the acceptance of my participation in the Scarecrows in the Park/ Trunk or Treat/ Haunted Trail October 22, 2022, I, the undersigned, intend to be legally bound, I for myself, my family members, employees, agents heirs and assigns, executors, and administrators, hereby waive and release any and all claims which I or they might have against Dingman Township, Dingman Township Board of Supervisors, Dingman Township Parks and Recreation Commission, their officers, employees, volunteers and participants as a result of my participation in the above program. I further agree to indemnify Dingman Township, its officers, employees and volunteers against claims made against it or them as a result of my participation in the above program.

I also agree to the terms and conditions set forth on these pages.

Signature: _____ Date: _____