

# Trunk *or* Treat

## Car Trunk Registration Form

Name of Organization/Business/Individual: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Number: \_\_\_\_\_

Email: \_\_\_\_\_

Vehicle Plate #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Your Car Trunk Theme: \_\_\_\_\_

Please sign below that you adhere to the following policies of the Westmorland Presbyterian Community Church & Westmorland Park & Recreation waiver:

- Only pre-packaged candy or treats are approved
- NO spooky or scary displays
- All car trunks must be registered with the Westmorland Park & Recreation department. All trunk participants will receive confirmation with instructions prior to event.
- All car trunk displays and treats will be inspected before event begins.
- Electricity will not be provided.
- An adult must be with their vehicle at all times during the Trunk or Treat event for safety reasons.
- Absolutely no political, religious or personal advertising on candy wrappers will be allowed.
- Any photography taken at or during the event of yourself, or vehicle, can be used for the Westmorland Newsletter.

*We will have a best dressed vehicle contest for all participating car trunks!*

*Vehicle space will be limited, so please return this form no later than Sunday, October 24<sup>th</sup>! ...and don't forget to wear your costume!!*

### **FORM NOT VALID UNLESS SIGNED BY ADULT PARTICIPANT:**

*Participation in this program may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for the participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release any and all claims of damage against the Presbyterian Church or Park & Recreation, its successors and assigns, employees, agents, and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward, while participating in this activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers above.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_