

The Town of Chino Valley's 21st Annual


TRICK or TREATING in Memory Park

Thursday, October 31st

5pm—8pm

Memory Park, 1020 Palomino Rd.

Chino Valley, Arizona

 FREE Family Event

 Trick or Treating - lots of candy

 Allergy-free treats, too!

 Fire Show by "Pyroklectic"

 Zombie Zone

 Food Trucks

For more information call:

Town of Chino Valley Recreation Department 928-636-9780

TEAL PUMPKIN PROJECT®

HELP CREATE A SAFER, HAPPIER HALLOWEEN FOR ALL!



1. Provide non-food treats for trick-or-treaters
2. Place a teal pumpkin in front of your home to indicate you have non-food treats available to passersby
3. Display a free printable sign or premium poster from FARE to explain the meaning of your teal pumpkin



Find out how you can take part
TEALPUMPKINPROJECT.ORG
#TEALPUMPKINPROJECT

The Town of Chino Valley's 21st Annual

TRICK or TREATING in Memory Park

Participation Booth Space Application

WHEN: Thursday, October 31st 5pm-8pm

Setup from Noon -3pm

WHERE: Memory Park, 1020 Palomino Rd., Chino Valley

Business Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

CC#: _____ Exp: _____ CW: _____

Signature: _____ Date: _____

Please Select Booth Type:

_____ Event Booth Space (20 X 20) \$ 50.00

40 lbs of candy

provided by the Rec. Dept.

_____ Event Booth Space (20 X 20) \$ 35.00

Vendor will provide candy

_____ Power Request Electrical Outlets available upon request based on availability

Participants Should:

🦇 Decorate their booth & make it interactive for children

🦇 Provide their own decorations, table, chairs and/or canopy—LED lights ONLY

Consider providing a "Teal Pumpkin" non-food treat for children with food allergies

Booth Decoration Contest: Prizes awarded for the best Interactive Design!

NO PARKING WILL BE PERMITTED ON THE GRASS WITHIN THE PARK DURING THE EVENT!

This reservation is non-refundable. Reservation is processed on receipt of completed application and payment. Please make

For Additional information please contact the Recreation Dept at 928-636-9780



Town of Chino Valley
Parks and Recreation Department
1615 N Road 1 East
Chino Valley, AZ 8623
(928) 636-9780
Fax (928) 6361433

ACCIDENT WAIVER AND RELEASE OF LIABILITY

Activity: _____ Date: _____

Name: _____

Address _____ City: _____ Zip: _____

Home Phone: _____ Work/Cellular: _____

Email: _____ Emergency Contact: _____

Phone: _____ Relationship: _____

I acknowledge that this recreational activity may be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those causes by terrain, facilities, temperature, weather, conditions of equipment, vehicle traffic, water conditions, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participation in this event. I certify that I am physically fit, have sufficiently trained for participation in this event at the level of my registration and have not been advised otherwise by a qualified medical person. I acknowledge that the Town of Chino Valley and the event holders, sponsors and organizers, will use this accident form to govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me or my traveling to and from this event, the following entities or persons: the Town of Chino Valley, and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors and directors; (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event. This release and hold harmless includes death, injury or damage to property caused or alleged to be caused in whole or in part by the negligence of the Town or its employees or agents or otherwise.

I hereby consent to receive and assume responsibility for all costs related to any medical treatment which may be deemed advisable in the event of injury, accident and / or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and / or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

Signature _____ Date _____

Received By _____ Date _____