



THE TOWN OF CHINO VALLEY'S 25TH ANNUAL

TRICK OR TREATING AT MEMORY PARK

1020 PALOMINO RD. CHINO VALLEY, ARIZONA

SATURDAY OCT. 28TH

2PM TO 6PM

FREE FAMILY EVENT

KIDS ACTIVITIES

FOR MORE INFORMATION CALL OR EMAIL

THE REC DEPARTMENT AT:

928.636.9780 / RECREATION@CHINOAZ.NET





THE TOWN OF CHINO VALLEY'S 25TH ANNUAL

TRICK OR TREATING AT MEMORY PARK

PARTICIPATION BOOTH APPLICATION

SATURDAY OCT. 28TH • 2PM TO 6PM



SETUP FROM 10AM-12PM

MEMORY PARK, 1020 PALOMINO RD. CHINO VALLEY

BUSINESS NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

CC#: _____ EXP: _____ CVV: _____

SIGNATURE: _____ DATE: _____

ALL BOOTH SPACES ARE FREE OF CHARGE THIS YEAR AND WILL BE 20 X 20 IN SIZE.

____POWER REQUEST - ELECTRICAL OUTLETS AVAILABLE FOR \$10.00 AND IS BASED ON AVAILABILITY.



**ALL VENDORS MUST PROVIDE
THEIR OWN CANDY!**



BOOTH DECORATING CONTEST: EVERY BOOTH WILL BE ASSIGNED A NUMBER AND WILL HAVE A BUCKET THAT THE PUBLIC WILL CAST THEIR VOTE INTO.

THE CATEGORY THIS YEAR IS MOST CREATIVE!

THE BOOTH WITH THE MOST VOTES WILL WIN THE PRESTIGIOUS GOLD PUMPKIN!

PARTICIPANTS SHOULD:

 DECORATE THEIR BOOTH & MAKE IT INTERACTIVE FOR CHILDREN

 PROVIDE THEIR OWN DECORATIONS, TABLE, CHAIRS AND/OR CANOPY

 CONSIDER PROVIDING A "TEAL PUMPKIN" NON-FOOD TREAT FOR CHILDREN WITH FOOD ALLERGIES

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

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Chino Valley Community Services

Accident Waiver / Release of Liability



Activity: _____ Date: _____
Name: _____ Age: _____ Grade: _____ Sex: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work / Cellular: _____
Email: _____ Emergency Contact: _____
Phone: _____ Relationship: _____

1021 Butterfield Rd
Chino Valley, AZ 86323
928.636.9114 / 928.636.8471 Fax
www.chinoaz.net/recreation@chinoaz.net

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 caused 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: _____

PARENT/GUARDIAN WAIVER FOR CHILDREN

If applicant is under 18 years of age, the parents or guardians must execute in addition to the standard waiver above, the following waiver and consent. The undersigned, (parent/guardian name) referred to as parent and natural guardian or legal guardian of _____ (minor's name)

does hereby represent that he/she is, in fact, acting in such capacity and agrees to hold harmless and indemnify each and all of the parties heron named on the front of this form all liability, loss, cost, claim, or damage whatsoever that may be imposed upon said releases because of any deficit in or lack of such capacity to so act and release said releases on behalf of both the undersigned.

CONSENT TO MEDICAL TREATMENT FOR MINOR

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at any Town of Chino Valley event.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any unhealthy conditions of said minor that he/she may encounter during necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume and such risk on behalf of myself and said minor.

I acknowledge that no warranty is being made as to the results of any treatment.

Parent Signature: _____ Date: _____

Relationship to Minor: _____

Doctor's Name: _____

Phone: _____

Medical allergies if any: _____

Medications if taken: _____

Medical problems to be aware of: _____

Insurance company name: _____

Policy #: _____