



Grant Township Event



Dancing Horses & Exotic Bird Show

Delavan, Wi



Date: Thursday July 25, 2019

Fee: \$55.00 per person, Tickets are non-refundable

Limited space available

Price Includes: Coach bus transportation, lunch and admission to show

Itinerary:

- 10:45 am - Depart from
Grant Township Building
26725 W. Molidor Rd.,
Ingleside, IL 60041
- 11:15 am - Lunch at Red Geranium
in Lake Geneva
- 1:00 pm - Dancing Horse Performance
- 3:00 pm - Exotic Bird Show
- 3:30 pm - Depart
- 4:45 pm - Return to Grant Township

Lunch Choices:

Grilled Chicken "Angelina"

Boneless chicken breast marinated in thyme, rosemary, garlic, lemon, oregano, cracked black pepper then grilled and finished under the broiler with Bruschetta style tomatoes and Asiago cheese.

Veggie Ravioli

Marinara Sauce

Meals include beverage, salad, vegetables, rolls and butter

Return registration forms by July 8th to:

Grant Township - 26725 W. Molidor Rd, Ingleside, Il 60041 or

Village of Fox Lake - 66 Thillen Drive, Fox Lake, Il 60020

Credit card reservation made at Village of Fox Lake only

For more information contact:

Nancy Rogers, Grant Township: 847-740-2233 • Kevin Zaleski 224-225-1404

Registration Form

Dancing Horses and Exotic Bird Show - Delevan, Wi

Thursday, July 25, 2019 - \$55.00

Participant's Name: _____

Address: _____ Phone: (____) _____ - _____

City, State, Zip: _____

Lunch Choice: 1) Grilled Chicken "Angelina" 2) Veggie Ravioli

PAYMENT (circle one): CASH CHECK Credit card payment accepted at the Village of Fox Lake only
Make Checks payable to: **Grant Township or Village of Fox Lake**

Important Information

The Fox Lake Department of Parks & Recreation and the Grant Township Center is committed to conduct its recreation programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants registering for this program must recognize, however, that there is an inherent risk of injury when choosing to participate. The Fox Lake Department of Parks & Recreation and the Grant Township Center continually strives to reduce such risks and insists that all participants follow safety instructions that have been designed to protect the participant's safety. Please recognize that the Fox Lake Department of Parks & Recreation and the Grant Township Center does not carry medical accident Insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering them self or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Fox Lake Department of Parks & Recreation and the Grant Township Center automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for both Fox Lake Parks & Recreation and Grant Township Center requires the execution of the following Waiver and Release.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself for participation in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of the above program. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I may sustain as a result of participating in and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Fox Lake Park & Recreation Department or the Grant Township Center and its officers, agents, servants and employees. I do hereby fully release and discharge the Department and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have which may accrue to me arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries damages and losses sustained by me connected with, or in any way associated with the activities or the program. In the event of any emergency, I authorize Department officials to secure from any licensed hospital; physician and or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the program details, waiver and release of all claims and permission to secure treatment as stated above.

Participant's Signature: _____ Date: ____ - ____ - ____

PRINT Participant's Name: _____

Reservation & Payment Due By: July 8, 2019