

Grant Township Center

Presents

Two Day Trip to Wisconsin Ho-Chunk Casinos

Monday-May 18 & Tuesday-May 19, 2020

Bus Departs Grant Township at 8am
Bring your coffee, we will supply the danish!
Be at the Township 30 min. before departure
26725 W. Molidor Rd. Ingleside IL 60041

HO-CHUNK GAMING

WISCONSIN DELLS

First Stop
Wisconsin Dells
\$25.00 Bonus Play

HO-CHUNK GAMING

BLACK RIVER FALLS

Second Stop and Overnight
Black River Falls
\$50.00 Bonus Play
\$5.00 Food Credit

HO-CHUNK GAMING

MADISON

Third Stop
Madison
\$25.00 Bonus Play

Return to Grant Township

Tuesday May 19, Approximately 6:30pm

Cost is \$129.00 Per Person Double Occupancy

\$179.00 Per Single and

\$124.00 Per Triple

Payment due at time of registration

The casino requires patrons to have a valid photo ID to receive specials and to collect jackpots. Winnings over \$1,199 require a social security card.

Reservation and Payment Due By Friday, April 17, 2020

For information call: Grant Township at 847-740-2233

You must be 21 years and older.

Registration Form

Ho-Chunk Casino 2 Day Trip May 18-19, 2020

Participant's Name: _____

Address: _____ Phone: _____

City _____ State _____ Zip Code _____

Birth Date: ____ - ____ - ____ Rewards #: _____

PAYMENT (circle one): CASH or CHECK # _____

Make Checks payable to:

Grant Township for (1) \$179.00, (2) \$129.00 each person or (3) \$124.00 each person

Circle One: (1)One Bed or (2)Two Beds **Rooming with:** _____

Special Request: _____

Mail to: Grant Township, 26725 W Molidor Rd, Ingleside, IL 60041

Important Information

Grant Township is committed to conduction of its recreation programs and activities in the safest manner possible and to 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. Grant Township continually strives to reduce such risks and insists that all participants follow safety and instructions that have been designed to protect the participant's safety. Please recognize that the Grant Township 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 Grant Township 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 Grant Township 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 or 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 Grant Township and its officers, agents, servants and employees. I do hereby fully release and discharge Grant Township 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 Grant Township 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 Grant Township 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:
Friday, April 17, 2020