

Grant Township Holiday Trip

Wednesday, December 4, 2024



Enjoy a show that celebrates the magic of Christmas with all-new music, effects, horse tricks, acrobatics & more. Treat yourself to a one-of-a-kind Christmas experience at The Dancing Horses Theatre in Delavan, WI! Lunch will be at the Next Door Pub in Lake Geneva, WI

Cost: \$90 Per Person (Cash or check...no Credit Card)

**Registration/Application; Lunch Selection Form & Payment
Due by Tuesday, November 19, 2024**



Bus Departs Grant Township at 10am & Returns to Grant Township at approx. 4:30pm

Grant Township, 26725 W. Molidor Road, Ingleside, IL 60041 (847)740-2233

*Next Door Pub
411 Interchange N
Lake Geneva, WI 53147
262-248-9551*

Lunch Selections

Pizza for Two

10" 1 topping pizza & 2 side salads w/choice of dressing

Spaghetti & Meatball

*Meat sauce & 1 meatball with salad **OR** Wisconsin cheddar
Soup & breadstick*

1/3lb Black Angus Burger

*w/choice of Cheddar, Swiss Mozzarella **OR** Port Wine
cheese with Fries **OR** Wisconsin cheddar soup*

Crispy Chicken Wrap

*Breaded chicken breast, Cheddar cheese, lettuce, tomatoes,
buttermilk Ranch dressing on a Tomato Basil wrap
with Fries **OR** Wisconsin cheddar soup*

If two are sharing the pizza choice please indicate the 1 topping.

Circle the choice of side with your meal.

If you are having a burger - circle your choice of cheese

Registration Form
The Dancing Horses Trip - Wednesday, December 4, 2024

Participant's Legal Name: _____

Address: _____ Phone: () _____ - _____

City _____ State _____ Zip _____

Seating with: _____

Email Address: _____

PAYMENT (circle one): CASH or CHECK # _____

Make Checks payable to: **Grant Township (1 Person) \$90.00**

Mail or drop of at Grant Township, 26725 W. Molidor Rd. Ingleside, IL 60041

Lunch Selection: Please attach Next Door Pub Restaurant Lunch Selection Form w/your selection.

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, Lunch Selection & Payment Due By: Tuesday, November 19, 2024