Grant Township presents .....

Ho-Chunk Casino Trip

Beloit, WI

New Ho-Chunk Casino Location

1,500 Slot Machines & 44 Table Games
3 Restaurants & Coffee Bar

Monday, November 16, 2026

COST : $35.00

Itinerary:

- 8:00am - Depart Grant Township – 26725 W. Molidor Rd., Ingleside, IL.
  Arrive at Township minimum 15 minutes prior to departure
- 2:00pm - Depart Ho-Chunk Casino. Estimated return to Township at 3pm.

Note: Must be 21 years & older. Casino requires patrons to have a valid photo I.D. to receive specials & collect jackpot. Winnings over $2,000 require Social Security Card.

Registration form & payment must be received by November 6, 2026 at Grant Township Center, 26725 W. Molidor Rd. Ingleside, Il 60041
(Cash or Checks Only)
NO REFUNDS
(A waitlist will be implemented if all slots are filled prior to 11/6/26.)
For more information call: (847)740-2233

Registration Form
Ho-Chunk Casino Beloit, WI Trip – Monday, November 16, 2026

Participant's Legal Name: _____

Address: _____ Phone: ( ) _____ - _____

City_____ State_____ Zip_____

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

Email Address: _____

Sitting with: _____

Emergency Contact & Phone # _____ (not going on this trip)

PAYMENT (circle one): CASH or CHECK #_____
Make Checks payable to: **Grant Township**

(1 Person) _____$35.00

Mail to: Grant Township, 26725 W. Molidor Rd. Ingleside, IL 60041
Grant Township Center Phone #: (847)740-2233

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 Legal Name:** _____

Reservation & Payment Due By: Friday, November 6, 2026