



2017 Pre-Carnival Party Registration

for Homer residents with Special Needs & their families.

Friday, June 23, 2017 from 2:30 p.m. – 4:30 p.m.

Please return to Homer Township prior to Friday, June 16, 2017

In-person or by mail to: 14350 W. 151st Street, Homer Glen, IL 60491

Phone: 708-301-0522

Fax: 708-301-7043

Email: office@hometownship.com

Family Name: _____

Address: _____

Main Contact: _____ **Phone #:** _____

Email Address: _____

A parking pass will be emailed to the above address and needs to be displayed, in your vehicle, upon arrival at the fest grounds.

How did you hear about this special event? _____

Space is limited

_____ # of immediate family members attending

_____ # of *Special Needs* guests attending

Optional: Age _____ Disability _____

(All efforts will be made to accommodate but we make no guarantees.)

RELEASE AND HOLD HARMLESS AGREEMENT

I/We understand that our participation in the **Pre-Carnival Party for those with Special Needs on Friday June 23, 2017 from 2:30 p.m. until 4:30 p.m.** carries with it the potential for certain risks, some of which may not be reasonably foreseeable.

We further acknowledge that these risks could cause participants, volunteers, or others around us, harm, including, but not limited to, bodily injury, damage to property, emotional distress, or death.

I/We are willing participant/s in the **Homer Community Pre-Carnival Party for those with Special Needs.**

By signing this agreement, I/we agree to release, indemnify, and hold harmless **All Around Amusement, Homer Township, Homer Township Road District and the Village of Homer Glen** as well as all **their** employees, volunteers, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of their **participation in, attendance at, the Pre-Carnival Festivities for those with Special Needs.**

Date: _____

Printed name of responsible family member/caregiver: _____

Signature of responsible family member/caregiver: _____