

Nightmare at Bear Creek

Keller's Haunted Camp Out



**WILL YOU MAKE IT
THROUGH THE
NIGHT?**



OCTOBER 21-22

BEAR CREEK PARK

5 PM - 9 AM

FAMILY NAME

PARENT/GAURDIAN NAME

ADDRESS

CITY

ZIP

DAY PHONE

MOBILE PHONE

E-MAIL ADDRESS

_____ NUMBER OF PARTICIPANTS

_____ NUMBER OF TENTS

X \$5 PER PERSON

\$ _____ TOTAL AMOUNT PAID

DINNER WILL BE SERVED BY IN-N-OUT BURGER FOR FREE WITH REGISTRATION. DINNER WILL BE SERVED FROM 7:00PM-8:30PM. BREAKFAST WILL ALSO BE SERVED BY THE KELLER LIONS CLUB THE NEXT MORNING ON THE 22ND. WE ARE NOT ABLE TO CUSTOMIZE ANY OF THE MENUS SO IF YOU HAVE SPECIAL DIETARY NEEDS PLEASE PLAN ACCORDINGLY.

PLEASE INITIAL THAT YOU UNDERSTAND THE DINNER AND BREAKFAST POLICY

PAYMENT INFORMATION:

VISA MC CHECK CASH

CARD #

EXP _____ CVC _____ CHECK # _____

FOR DEPARTMENT USE ONLY:

DATE RECEIVED: _____

AMOUNT PAID: _____

TYPE OF PAYMENT: _____

RECEIVED BY: _____

APPROVED: _____

PLEASE E-MAIL FORM TO PARKSANDREC@CITYOFKELLER.COM OR FAX TO 817-743-4193. FOR MORE INFORMATION OR QUESTIONS CALL 817-743-4050.

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PLEASE CHECK WHICH ACTIVITIES YOU WILL BE PARTICIPATING IN:

- TENT DECORATING CONTEST* TENT TO TENT TRICK OR TREATING
 COSTUME CONTEST* HAUNTED HAY RIDE

*THESE ACTIVITIES WILL HAVE PRIZES FOR THE WINNERS. WINNERS WILL BE DETERMINED BY THE PARKS AND REC STAFF.

LIABILITY WAIVER

Emergency Treatment Release: In the event I cannot be contacted to make arrangements for emergency medical treatment I authorize the person in charge to seek and obtain emergency medical treatment for myself or my child. I also authorize transportation to the nearest medical facility in the event it should become necessary.

Liability Waiver: I agree to indemnify, defend, and hold harmless the City of Keller, its elected and appointed officials, representatives, and any employee or agent of the City of Keller from any and all claims on behalf of any person, firm, corporation, or agent, including the Instructor, arising from participation in this activity/activities. I certify that I understand any dangers inherent to my participation in this activity/activities and further state that I am physically sound enough to participate. I hereby relieve the City of Keller, its employees, agents, instructors, elected officials and contractors of all liability that occurs by my participation in all programs/classes.

Refund or Transfer Policy: When an event is canceled by the Parks and Recreation Department due to unforeseen circumstances that includes, but is not limited to rain, natural disaster, or emergencies, there will not be a refund issued. Participant-initiated refunds and transfer requests must be in writing and must be approved by the Recreation Manager, and will only be granted when a participant submits their transfer or refund request to the Parks and Recreation Department at least 7 days prior to the event date.

Furthermore, I have read and understand the refund policy and understand that the City of Keller may use photographs of participants for promotions.

X

Signature (Parent/Guardian for minors)

Date