

## Village of Fox Lake Parks and Recreation Department Murder Mystery Dinner and Show registration form October 26, 2018 Doors Open at 5:30 p.m. at Maravela's Dinner is served at 6:30 p.m.

		er is served at 6.50 p.m.	
Name:			
	s:		<del></del>
Email:		<del></del>	
		MENTS CAN ONLY BE MADE IN PERSON * ake accepts Visa, MasterCard, and Discover.	
\$50	Ticket includes Dinner and Show	Participants Name(s) (First & Last)	Fee
Parti	icipant		
Addi	itional Name		
Addi	itional Name		
Tota	I		
Important Inf	formation		
insurance polic responsible for Du	cy for coverage. It must be noted that the absence of health r the payment of medical expenses.	themselves or a family member for a recreation program/activity should rev insurance coverage does not make the Fox Lake Department of Parks & Recree, the agency providing liability coverage for the Department requires the exe	reation automatically
Please read thi injuries you and I re damages or los I ag servants and e I d my minor child I fu damages and lo	d your minor child(ren) might sustain arising out of the above cognize and acknowledge that there are certain risks of physics regardless of severity which my minor child(ren) or I may gree to waive and relinquish all claims my minor child(ren) or mployees.  To hereby fully release and discharge the Department and its furn) may have which may accrue to me or my minor child(rurther agree to indemnify and hold harmless and defend the cosses sustained by me or my minor child arising out of, conneine event of any emergency, I authorize Department officials	r minor child(ren) for participation in the above program, you will be waiving a se program.  ysical injury to participants in the above program and I agree to assume the fu sustain as a result of participating in and all activities connected with or assor I may have as a result of participating in the program against the Department of I may have as a result of participating in the program against the Department of I may have as a result of participating in the program against the Department of I may have as a result of participating in the program against the Department of I may have as a result of participating in the program and all claims from injuriest on the program and its officers, agents, servants and employees from any and all claims from any way associated with the activities or the program. So to secure from any licensed hospital, physician and or medical personnel any will be responsible for payment of any and all medical services rendered.	all risk of any injuries, sociated with such program ent and its officers, agents, s, damage or loss, which I dities of the program.
I have read a	nd fully understand the above important information,	warning of risk, assumption of risk and waiver release of all claims.	
Signature	:		
Pre-registra	Parks and Recreation Department / 66 TI 224-	Please complete registration form and return with payment to the hillen Drive / Fox Lake, IL 60020. Any questions please contact ut-225-1404 / fax: 847-587-2237.  is not complete without signed waiver.	-

Office Use: Date\_\_\_\_\_ amount pd.\_\_\_\_\_ SEQ#\_\_\_\_\_ Initials\_\_\_\_\_