

TOWNSHIP OF OCEAN

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Haunted Hayride Skit Contest Participant Consent Form

Please READ/SIGN _____ has my permission to participate in the Township of Ocean and Waretown Vol. Fire Co. #1 Haunted Hayride Skit Contest. In case of emergency, I authorize the programs assigned personnel to administer emergency first aid treatment, transport the participant to the hospital if necessary, and to notify me as quickly as possible. I understand that proper supervision is provided for all programs. However, in the event of an emergency due to accidents beyond their control, I hereby release the Township of Ocean, Waretown Vol. Fire Co. #1, sponsors, its supervisors, employees and program volunteers, from all liability.

HOLD HARMLESS AGREEMENT

The undersigned acknowledges that engaging in the Township of Ocean Halloween Skit Contest is potentially hazardous and could possibly result in bodily injury to the participant. The undersigned further acknowledges and agrees that the Township of Ocean and Waretown Vol. Fire Co. #1, its officers, agents and employees do not undertake any responsibility, nor shall they be responsible for the personal safety of the participants in the Halloween Skit Contest, or the property of the participants at any time while going to, coming from, or engaging in the activity. The undersigned participant (and his parent or guardian undersigned, if the participant is a minor) for himself, herself, or the heirs, administrators, and executors do hereby agree, intending to be legally bound hereby, that the undersigned and anyone acting under them or through them, shall and by these presents do indemnify, hold harmless and excuse the Township of Ocean, Waretown Vol. Fire Co. #1, its officers, agents, sponsors and employees from any and all expense, cost, charges, bills, claims, damages, lawsuits, and liability for bodily harm or injury, or property damage which maybe suffered by participant or caused by the participant to any other person or entity during the course of the activity, or as a result of the activity.

SIGNATURE _____ (if minor, Parent or Guardian) Date _____

Emergency Contact Cell Number: _____

Parent/Guardian Cell Number: _____