

# Township of Ocean Recreation Department

50 Railroad Ave Waretown NJ 08758 609-693-5407  
recreation@twpoceannj.gov



## 2017 THEME : HOLLAND

DATE: March 17, 2017

COST: \$62pp

Price Includes round trip transportation, admission to the Flower Show, and drivers gratuity.

Bus departs at 9am from the 11<sup>th</sup> St Community Center in Waretown, returning at approximately 7pm.

**To reserve your spot, a non-refundable deposit of \$30 is required.**

**(Deposits are refunded ONLY in the event that the Township cancels the trip due to lack of participants)**

Please complete the bottom portion of this form and return with check payable to:

Twp. of Ocean Recreation – 50 Railroad Ave. Waretown, NJ 08758 payments may also be dropped off in the Barnegat Recreation Office between the hours of 8:30am-4:30pm

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PLEASE PRINT LEGIBLY

Philadelphia Flower Show March 17, 2017

NAME \_\_\_\_\_ HOME TEL. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL TEL. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ Amount Due: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

The undersigned acknowledges that engaging in this activity is potentially hazardous and could possibly result in a serious bodily injury to the participant. The undersigned further acknowledges and agrees that the Township of Ocean, its officers, agents and employees do not undertake any responsibility, nor shall they be responsible for the personal safety of the participant, or the property of the participant 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, defend and excuse the Township of Ocean, its officers, agents, volunteers, sponsors and employees from any and all claims 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 \_\_\_\_\_