



Polar Express- Event Registration

(Please Fill In All Highlighted Areas, Only Complete Applications Are Accepted)

Full Name:		Preferred Name:	
Date Of Birth:	Age:	Grade:	Gender:
Guardian's Name:		Number & Email Address:	
Participant's Street Address, City, State, Zip:			
Please Circle Your Preferred Date: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> December 1st December 3rd December 8th December 9th </div> <p style="text-align: center; margin-top: 10px;">*All requests are filled on a first come, first serve basis, until capacity is met for each date*</p>			
Amount Enclosed: ___\$5_____			
Payment Type: Cash Check Credit Card (If using a credit card, please fill in below, or call the Town Of Silt at 970-876-2353)			
Name On Credit Card:		Credit Card Number:	
Expiration Date:	CVC (3 Digit Code On Back):	Zip Code:	
Credit Card Authorization Signature:			Date:

PHOTOGRAPHY RELEASE

Town Of Silt will take Photos of participants during the Town events; for use in our promotional materials (flyers, website, Facebook, as well as others). For valuable consideration received, I grant the Town of Silt, "Photographer", and its legal representation, the irrevocable and unrestricted right to use and publish photographs of myself, or listed minor child. This may include editorial, trade, advertising, and other purpose and in any manner and medium; and to alter and composite the same, without restriction and without my inspection or approval. I hereby release Photographer and its representatives from all claims and liability relating to said photographs.

I _____ give permission for my child _____, to be photographed and/or videotaped for display purposes in Town of Silt related promotional materials, including the Town of Silt website and Facebook pages. I understand that the Town of Silt will not use my child's photograph or video for purposes, other than those outlined here, without my permission. This release is valid for one year from the date signed.

Print Participants Name

Print Guardian's Name

Signature of Guardian

Date

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM FOR THE TOWN OF SILT RECREATION

I, _____, guardian of minor child, _____, understand that the activities to which this participation registration relates, may have an element of hazard or inherent danger, and I take full responsibility for the above named minor's actions and physical condition. By my signature, hereon as a guardian of the above named minor, and on behalf of my heirs, assigns, successors-in-interest, executors and administrators, I hereby voluntarily waive, release, absolve, indemnify, and agree to hold harmless, the Town Of Silt, and it officers, chairmanships, organizers, sponsors, supervisors, coaches, participants, representatives, agents and person's transporting my child to and from activities, from any claim arising out of any damages, losses, or injuries to my child; including, but not limited to, attorney fees, legal costs, medical costs, and ambulance costs. I understand that reasonable effort will be made to contact me in the event of an accident involving my child. If I cannot be reached, I authorize the treatment and/or care of my child at an appropriate medical facility. I agree to be responsible for any costs incurred in such treatment.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGNED IT OF MY OWN FREE WILL.

Print Participants Name

Print Guardian's Name

Signature of Guardian

Date