

Mandatory Volunteer Meeting

Date: September 20, 2024 Time: 5:30 pm

Location: Haunted House (South of dog park, up long driveway)

Cañon City Recreation District 575 Ash St. Cañon City, CO 81212 719-275-1578

In consideration of your accepting me or my child's entry or participation, I hereby, for myself, my child, and my child's heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Cañon City Area Metropolitan Recreation and Park District, its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups, whether based on negligence or otherwise. I agree to indemnify the District (and its representatives, successors, and assigns) against any and all claims for such loss, damage, or injury. I also grant permission to the Recreation District to use any photographs taken during District Activities to be used for publicity purposes.

Participant's Nam	e:		
Participant's Signa	ture:		
Participant's E-Ma	il Address:		
Parent's/Guardian	's Name:		
Parent's/Guardian	's Signature:		
Phone Number:			
Date:			
Please indicate wi	th dates you will be av	<i>r</i> ailable:	
October 5 th	October 12 th	October 19 th	October 26 th

Name of Program: "Aftermath Haunted House"