

Trunk or Treat Registration Form

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Car Information: _____

Make & Model: _____

License Plate Number: _____

Please provide the following:

- Proof of Vehicle Insurance
- Proof of Vehicle Registration
- Proof of Driver's License

Trunk or Treat Assumption of Risk, Waiver, and Image Release:

I acknowledge that my participation in this event, or that of my child, could involve risk of physical injury or damage to property. I expressly assume such risk and release, and waive any claims against the Salem Volunteer Fire Company, Inc., its agents, and employees, for any injuries to persons or damage to property whether the result of negligence, breach of warranty, or otherwise. I further agree to hold the Salem Volunteer Fire Company, Inc., its agents and employees harmless for any injury to persons or property damage caused by involvement in this activity except to the extent such claim might be based upon the sole and exclusive negligence of the Salem Volunteer Fire Company, Inc., its agents or employees. This Assumption, Waiver and Image Release for is effective and binding. I have read and understand this Assumption, Waiver and Image Release form. I also authorize use of my name and picture and that of my child's to be released for use in the event coverage and promotion for future events. (If under 18 years of age, a parent or guardian must sign).

Signature: _____

Date: _____

Mail or drop off to: SALEM TOWN HALL Attention: Agnes Miyuki
270 Hartford Rd