

Trunk or Treat

Sunday, October 28, 2012 at 3:30

Sponsored by: The Ewing ARTS Commission and The Ewing Recreation Department

2012 TRUNK Registration

Trunk or Treat provides a safe and fun alternative for families to celebrate and enjoy Halloween! All snack treats must be pre-pack- aged. Art and school supplies are also encouraged as alternative treats. Call the ESCC at 609-883-1776 for information

ROAD RULES: Car owners must register with the attached form by October 25, 2012 to participate. Participating vehicles cannot leave early. Registered vehicles can arrive between 2 p.m. - 3 p.m.

Vehicle owners must show proof of insurance, vehicle registration and driver's license with the vehicle application. Proof of registration and insurance must be provided for each registered vehicle at sign in. Only properly registered vehicles can participate in the event. All trunks must be decorated and staffed by 3:00 p.m. Trunks arriving after 3:00 p.m. will not be able to participate.

Ewing Residents Only.

Vehicles will park in designated areas only.

Electricity will not be provided.

Send completed forms back to:
Ewing Rec Dept. 999 Lower
Ferry Road Ewing, NJ 08628
attn: Trunk or Treat.

Detach Here

2012 TRUNK Registration Form - return by October 25, 2012

This registration form is to register vehicle participation. Please use Trunk or Treaters registration form for Trunk or Treaters.

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____ E-mail _____

(Proof of registration and insurance must be provided for each trunk)

License Plate # _____ Vehicle Identification #: _____

Proof of Vehicle Insurance (attach copy) () Yes () No

Proof of Vehicle Registration (attach copy) () Yes () No

No Proof of Driver's License (attach copy) () Yes () No

ASSUMPTION OF RISK AND IMAGE RELEASE FORM I give permission for my child, and/or myself to participate in this program. I understand that the Ewing Township carries no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a Town class or activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the Town will make reasonable accommodations. I do hereby, for myself, my children, my heirs, executors and assigns, hereby release and hold harmless the Township of Ewing, their officials, officers, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize Ewing Township Community Activities. I understand that any omission or misstatement regarding residency on this registration form shall be grounds for removal from the event regardless of the time elapsed.

Signature: _____ Date: _____