

**FALL FESTIVAL, CHESTER, ILLINOIS  
THE GREAT PUMPKIN STREET DRAGS  
SATURDAY, OCTOBER 16, 2021**

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CATEGORY:**

	<b>PUMPKIN RACER</b>	<b>BEST DECORATION</b>	<b>MOST INNOVATIVE DESIGN</b>
	4-7 YEARS	4-7 YEARS	4-7 YEARS
	8-11 YEARS	8-11 YEARS	8-11 YEARS
	12-15 YEARS	12-15 YEARS	12-15 YEARS
	16 YEARS TO ADULT	16 YEARS TO ADULT	16 YEARS TO ADULT
	FAMILY	FAMILY	FAMILY
<b>DERBY RACER</b>	<b>DERBY RACER</b>	<b>BEST DECORATION</b>	<b>MOST INNOVATIVE DESIGN</b>
	5-8 YEARS	5-8 YEARS	5-8 YEARS
	9-12 YEARS	9-12 YEARS	9-12 YEARS
	13-15 YEARS	13-15 YEARS	13-15 YEARS
	16 YEARS TO ADULT	16 YEARS TO ADULT	16 YEARS TO ADULT

**THE CITY OF CHESTER PARKS AND RECREATION DEPARTMENT, THE CHESTER PARKS AND RECREATION DEPARTMENT AND COMMITTEE RETAIN THE RIGHT TO PHOTOGRAPH ANY AND ALL ARTWORK AND ARTISTS AND TO USE THESE IMAGES FOR PROMOTIONAL PURPOSES. BY REGISTERING FOR THE ACTIVITY YOU AGREE TO BE PHOTOGRAPHED FOR MARKETING PURPOSES. INITIALS \_\_\_\_\_**

I HAVE RECEIVED A COPY OF THE RULES AND GUIDELINES FOR THE FALL FESTIVAL CHALK THE WALK SIDEWALK CHALK COMPETITION AND I AGREE TO ABIDE BY THEM. I UNDERSTAND ANY VIOLATION MAY DISQUALIFY ME FROM THE COMPETITION AND PRIZES/AWARDS.

I DO HEREBY, FULLY RELEASE AND FOREVER DISCHARGE THE CITY OF CHESTER, INCLUDING THEIR OFFICIALS, AGENTS, VOLUNTEERS, EMPLOYEES, AND SPONSORS FROM ANY AND ALL CLAIMS FOR INJURIES, DAMAGES OR LOSS THAT MY MINOR CHILD/WARD OR I MAY HAVE, OR WHICH MAY ACCRUE TO ME OR MY MINOR CHILD/WARD AND ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH THIS PROGRAM/ACTIVITY.

PARTICIPANT NAME					
PRINTED NAME					
SIGNATURE (PARENT/GUARDIAN IF MINOR)					
DATE OF BIRTH		AGE AS OF 10/16/2021		TODAY'S DATE	

**PHOTO RELEASE FORM/ WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19  
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

Understand that by participating in the Great Pumpkin Drag Races you are hereby granting and authorizing the City of Chester Parks and Recreation Department the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of you, and/or your minor child/ward to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely.

You are waiving the right to inspect or approve any finished product in which you, and/or your minor child/ward likeness appears, including written or electronic copy.

I agree that I have not been nor will I be compensated for this use of my likeness. I waive any right to royalties or other compensation arising or related to the use of the photograph(s).

I understand and agree that these materials shall become the property of City of Chester, Illinois.

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate, arising out of, connected with, or in any way associated with the use of the photograph(s) or video.

**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the City of Chester Parks and Recreation's Great Pumpkin Race, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the City of Chester Recreation Director immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Chester, Illinois, their officers, officials, agents, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**I UNDERSTAND THE SERIOUSNESS OF THE RISKS INVOLVED IN PARTICIPATING IN THIS PROGRAM, MY PERSONAL RESPONSIBILITIES FOR ADHERING TO RULES AND REGULATION, AND ACCEPT THEM AS A PARTICIPANT.**

Printed Name of Adult Participant: \_\_\_\_\_

Participant Signature \_\_\_\_\_

Printed Name and Date of Birth for EACH Minor Participant:

\_\_\_\_\_ DOB \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_