Family Fright Night - Trunk or Treat Booth Application



Organization Name (If Applicable)

Applicant's Name:

SIGN IT OF MY FREE WILL.

Friday October 11th, 2024 5:30-7:00pm Orangevale Community Center - 6826 Hazel Ave. Orangevale, CA 95662

Thank you for your interest in participating in our annual Family Fright Night! Please submit this complete application by $October 7^{th}$, 2024 at the latest to andrew@ovparks.com or the OVparks District Office at 6826 Hazel Ave. Orangevale, CA.

Event Details & Regulations

- 1. All participants with a booth will be entered to win a prize for the Best Decorated Booth. Have fun with it! Families walking through will cast their votes for their favorites!
- 2. Participants must provide their own tables, chairs, decorations, goodies & electrical power should their decorations require it & are responsible for cleaning up their area at the end of the event.
- 3. Booth decorations MUST BE appropriate for children. Any displays of profanity and/or overtly adult themes and/or content will not be allowed to participate. OVparks staff maintains the right to ask participants to leave if they do not meet these guidelines.
- 4. Participants giving out goodies must comply with all health & safety guidelines required by the District. Contactless candy delivery systems are recommended but not required.
- 5. Community Organizations are encouraged to distribute flyers, cards, or information advertising their organization. Participants are not permitted to sell any items or solicit donations or tips.
- 6. Participants are welcome to begin setting up at 4:00pm and must be completely decorated by 5:15pm to begin passing out candy at 5:30pm. The event will end promptly at 7:00pm, when visitors will be invited into the auditorium to watch a movie.

Space(s) Requested (One booth space is one parking space = 9x15 ft):

	Last	First
Address:		
E-mail:		Phone:
In consideration for being p release, and discharge any ar or which may hereafter accru advance the District (includir or connected in any way wi passive negligence or careles waiver, release and assumpt shall indemnify and hold the any loss, liability, damage, c said activity. Additionally, I f risk of personal injury, de	permitted by the District of all claims for damage ue to me, as a result of an its officers, employ ith my participation in assness on the part of the District (including its cost, or expense which fully understand that neath, communicable	EEMENT, WAIVER, AND RELEASE ict to participate in the above-referenced activity, I hereby waive test for personal injury, death, or property damage which I may have participation in said activity. This release is intended to discharge it ees, volunteers, and agents) from any and all liability arising out of said activity, even though that liability may arise out of active of the persons or entities mentioned above. It is further agreed that this inding on my heirs, administrators, executors, and assigns and that difficers, employees, volunteers, and agents) free and harmless from may arise out of or connected in any way with my participation in the above-referenced activity exposes me to the diseases, illnesses, viruses, and/or property damage. I hereby this activity and agree to assume any such risks.

PHOTO/VIDEO RELEASE: I understand that photographs/videos may be taken during this activity and hereby grant the

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I

Applicant's Signature: Date:

District permission to use any such photo(s)/video(s) for advertising or in promotional materials.

Applicant's Name Printed: