

No. (for official use) _____

LeClaire's Annual Witches Walk Registration

Contact Person: _____

phone number: _____

Circle the event you are part: Costume Contest Trunk or Treat

Entries Names: Ages:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dog costume contest

Owners First and Last name: _____

Dog's Name: _____

phone number: _____

Le Claire Annual Witches Walk, Costume Parade and Contest Hold Harmless Waiver

Please read the following statement and sign when registering:

I understand and know that I should not participate in Le Claire Annual Witches Walk, Costume Parade and contest, referred to as "this event" unless I am medically able and in good health. All risks associated with the event including, but not limited to falls contact with other participants effects of weather, traffic road conditions are known and appreciated by me. I agree to abide by any decisions of an official relative to my ability to safely complete "this event". I grant my permission to use my photography, motion pictures, recordings my name and any other record for this event. I, for myself and anyone entitled to act on my behalf waive the committee members of this event, the participation businesses and their owners, their representatives and successors including the City of Le Claire, from any and all rights, claims, demands, and actions, and any, and every nature whatsoever that I may have, for any and all loss, damage, or injuries sustained by me before, and/or after this event and including travel to and from this event,

I have read the registration information above and certify my compliance by my signature on the registration form.

X _____ Date: _____

Parent Signature (if under 18) _____