

***TRUNK or TREAT***  
***Saturday, Oct. 29, 3:30pm at ESCC***  
***999 Lower Ferry Road***  
**Bert Steinmann, Mayor**

**2016 TRUNK REGISTRATION**

Ewing Rec. Dept. and Ewing Arts Commission offer Trunk or Treat as a safe and fun alternative for families to enjoy! All treats must be pre-packaged. Art and school supplies are also encouraged as alternative treats.

Call the ESCC at 609-883-1776 x 2 or email tforst@ewingnj.org for more info.

**ROAD RULES: Car owners need register with this form by 2:00pm, October 29, 2016 to participate.** Participating vehicles cannot leave early. Registered vehicles can arrive between 2 p.m. - 3 p.m. **Ewing Township Residents Only.**

*Vehicle owners must show proof of insurance, driver's license with the vehicle application. Proof of 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*

**2016 TRUNK Registration Form – Please complete & return**

**Return completed form with vehicle info to Ewing Rec Dept. 999 Lower Ferry Rd, Ewing, NJ 08628**

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Model/Make of Car: \_\_\_\_\_ License Plate # \_\_\_\_\_

Proof of Vehicle Insurance (attach copy) ( ) Yes ( ) 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 risk of injury from the activities involved in this program is possible. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a Township program 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 Township 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:** \_\_\_\_\_

