

The City of Ormond Beach Department of Leisure Services

Halloween Highway
Family Friendly Drive -Thru Trunk or Treat

Official Entry Form please print/type all information

ENTRY MUST BE RECEIVED BY Wednesday, October 14, 2020

Category: Choose **ONE (1)** of the following three (3) categories you wish to be **JUDGED IN**, the highlight of your entry.

BEST DECORATED VEHICLE

Cars, trucks, motorcycles, scooters, etc.,

BEST DECORATED BOOTH

Tent, display areas, props

BEST COSTUME(S)

Examples: Company mascots, cartoon characters, super heroes, Halloween theme

INCLUDE ALL Vehicles (best approximation):

This will allow us to provide enough space for your entry.

Length _____

Width _____

Height _____

Please complete the following:

Total # of participants: _____ Are there children participants? _____

I understand it is my responsibility to supply power for my entry. Initial: _____

Entry Contact: This contact information will be used in all future correspondence about the event.

Entry Name _____

Lead Contact Name _____

Address _____

City _____ **State** _____ **Zip code** _____

Telephone Number To Be Easily Reached _____

Email Address (Please Print Clearly) _____



The City of Ormond Beach Department of Leisure Services

Halloween Highway

Family Friendly Drive - Thru Trunk or Treat

Saturday, October 24, 2020 • 5:30pm - 8:30pm

www.ormondbeach.org

Trunk or Treat Hotline ~ 676-3241 Fax ~ 676-3322

Email: sonja.johnson@ormondbeach.org

or Mail to: Community Events, 351 Andrews St. Ormond Beach, FL 32174

GENERAL INFORMATION

TRUNK or TREAT Route:

Harmony to Doug Thomas Way, right on Doug Thomas and around through the sports complex, ending on Hull Road. Approx. length 1 mile.

Cash Awards & Prizes:

Each of the (3) three categories will be judged and will select a winner per category.

BEST VEHICLE • BEST BOOTH • BEST COSTUME

Winners will receive: \$150.00 for each category.

Awards will be presented at a designated location and/or mailed to entrant.

Judging Committee:

A judging committee will be formed and entries will be judged in **(1) one category only** (vehicle, booth, costume), and will be tallied and winners will be notified on Wednesday, October 28th.

RULES AND REGULATIONS

Application Accepted Until: Wednesday, October 14, 2020

Lighting of your Entry: Being a nighttime event **ALL** entries must be lighted in some manner (*lights, flashlights, glow in the dark items, etc.*) to participate. Vendors **MUST** be self contained and supply power for their entry.

Decoration of Entries: All entries need to be decorated in an appropriate, tasteful, and festive manner to promote the spirit of the Halloween Highway event. There are **NO** animals allowed within the park.

Vehicles: Drivers are cautioned to be on the alert for children, other pedestrians, any overhanging trees or lines in the area. Entry number has to be placed on the vehicle or tent/display area in a conspicuous location for judging.

Time to be in Position: All entries must be in their assigned positions and ready to welcome guests by 5:00 pm.

Candy/Goody Distribution: Vendors will be spaced a minimum of 20 feet apart along route. All vendors agree that all participants of their entry will wear face masks and practice social distancing. Vendors will place individual goody bags into the guest's trunk and will not have any close contact. Also, vendors agree to prepare for a minimum of **1,000 guests**.

RECREATIONAL PROGRAM PARTICIPATION

The undersigned hereby requests that they be allowed to participate in the recreation programs provided by the City

RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT, PHOTO RELEASE AND MEDICAL AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of my participation in the recreation programs provided by the City (the "Program") I, the undersigned and above named participant, agree to the following: I expressly understand, agree and acknowledge that participation in the Program could result in bodily injury, death, and/or property damage. I hereby assume full responsibility for any risk of bodily injury, death, and/or property damage due to the negligence of the City of Ormond Beach including, but not limited to, its respective departments, representatives, affiliates, officials, agents, officers, employees, specialists, contractors, coaches, and volunteers (the "City"). Further, I expressly agree not to make any claim, suit, action, or other demand for damages against the City for any bodily injury, death, or property damage connected to or resulting, in whole or part, from the negligence of the City whether occurring before or after the date this Release and Waiver of Liability is signed; ANY AND ALL SUCH CLAIMS, SUITS, ACTIONS, AND DEMANDS AGAINST THE CITY BEING HEREBY EXPRESSLY AND IRREVOCABLY RELEASED AND WAIVED REGARDLESS OF THE CAUSE.

Further, I agree to hold harmless and fully indemnify and defend the City from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from or be connected to my participation in the Program, even if the damages, injuries, or death are caused by the negligence of the City.

Relating to Coronavirus/COVID-19

COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by participating in this program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 in this program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Ormond Beach employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in this program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless City of Ormond Beach, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of City of Ormond Beach, its employees, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Ormond Beach program. I also understand by not signing this release, my child(ren) or I will not be able to participate in this program.

I certify that I am physically fit for participation in the Program and have the skill level required in connection with the Program, and have not been advised otherwise. I give permission to receive any necessary medical treatment if injured during the Program.

I also give the City of Ormond Beach permission to use/take a photograph of me for the use of publicity of the Program without compensation, I hereby waive any claim that may arise or be connected to the use/taking of said photograph.

The foregoing Release and Waiver of Liability, Indemnity Agreement, Photo Release, and Medical Authorization are intended to be as broad and inclusive as is permitted by law. In the event any part thereof is held to be invalid, that part of the Release and Waiver of Liability, Indemnity Agreement, Photo Release, and Medical Authorization, which is not invalid, shall remain in full force and effect.

I am competent, of sound mind, and freely, voluntarily, and knowingly signed my name hereto after having read the Release and Waiver of Liability, Indemnity Agreement Photo Release, and Medical Authorization. No oral representations, statements, or inducements have been made. I agree to abide by all rules and regulations adopted by the Leisure Services Department and all City of Ormond Beach ordinances.

ADULT PARTICIPANT SIGNATURE: Name: _____ Date: _____

1st Adult Witness: _____ 2nd Adult Witness: _____ Date: _____

NOTE: This form must be signed, dated and witnessed by two adults or signed in front of City staff.