



# City of Tolleson 4th of July Celebration

## Parent & Child Cheese Ball Toss



July 4, 2018

Veterans Park

8601 W. Van Buren

### Registration Form

Parent First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (Child)

**Registration is limited to the first 10 applications received. Pre-registration is recommended.**

**Return to Tolleson Recreation by June 29 or email to [respinoza@tollesonaz.org](mailto:respinoza@tollesonaz.org)**

- ◆ City of Tolleson
- ◆ ATTN: Ruth Espinoza
- ◆ 9555 W. Van Buren
- ◆ Tolleson, AZ 85353

#### Prizes:

1st Place

2nd Place

3rd Place

Ages 6—12  
years of age and  
an adult parent

For more information contact the City of Tolleson Parks & Recreation at 623-474-4992

# Cheese Ball Toss Contest Rules

- Must be 6 –12 years of age and 1 adult.
  - The object is to toss 20 cheese balls in the parents mouth
  - The team with the most cheese balls caught wins
  - All Contestants must this sign a waiver prior to competing.
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- In consideration of acceptance into the above referenced City program, I do hereby, for myself, my children, my heirs, executors and assigns, release the City of Tolleson and the officials, officers, agents and employees of the City from liability for any harm, injury, or damage which I or my Immediate family may suffer while participating in the above described program. This includes all risks that are connected with this activity whether foreseen or unforeseen. I agree to hold the City of Tolleson and its agents, officials and employees harmless from any damage to persons or property, resulting from my negligence and/or intentional acts. I assume the responsibility of mental and physical fitness to participate in said program, and agree to abide by all rules and requirements of the program. I am of lawful age and legally competent to sign this Agreement for and on my behalf. I understand the terms and have signed this document as my own free act.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.**

**Signed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by City Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_