



City of Tolleson 4th of July Celebration

Cookie Face Race



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

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

Prizes:

1st Place

2nd Place

3rd Place

Ages 13—16

years of age

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

Cookie Face Race Contest Rules

- **Must be 13 –16 years of age**
- **The object is to get the cookie from your forehead to your mouth without dropping wins**
- **All Contestants must this sign a waiver prior to competing.**
- **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:** _____