

# Snowed in @ the Movies

Elevate and The Hartford Rec Center are sponsoring the 10th annual "Snowed in @ the Movies", an all-night lock in at the Schubert's Hartford Theatres (2941 State Rd 83, Hartford, WI)

**MUST HAVE PERMISSION FORM SIGNED BY PARENT!**

**FRIDAY, JANUARY 27-28, 2017**

**9:30 PM — 6:00 AM**

**\$15 paid @ Rec Center by JAN. 26 OR \$20 DAY OF @ Theatres**

Price includes a fun-filled night with three movies, popcorn, soda, pizza, subs, snacks and games!!

This is a chaperoned, drug & alcohol free event. All area high school students are welcome to attend with parent's permission. Appropriate attire is required. **NO BACKPACKS OR BAGS ARE ALLOWED;** small purses are acceptable. Police Explorers will check purses to ensure no contraband is being brought into the movie theatre.. Students must be checked into the theater between **9:30-10:00 PM**; late students may be denied entry. A parent/guardian can sign a child out of the event prior to the 6:00 AM end time. If a child becomes disruptive, they will be removed from the event and a parent/guardian is responsible for their transportation home.



## **MAIL, FAX, OR DROP OFF COMPLETED FORM WITH PAYMENT TO THE HARTFORD PARKS & RECREATION DEPARTMENT**



STUDENTS'S NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GRADE: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ ALTERNATE PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_

LIABILITY WAIVER: All participants are required to sign the following release. Parents or guardians must sign for minors. I, the undersigned do hereby agree, or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her/family, my/his/her heirs and my/his/her assigns the City of Hartford, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Hartford, its employees, officers, agents and sponsors. The City of Hartford does not provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me while participating. MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks & Recreation Department staff to obtain medical treatment for my son/daughter or minor for which I am guardian. PHOTO RELEASE: I agree to allow publication of any photos taken at any program, event, or facility of the City of Hartford Parks & Recreation Department.. MEDICAL INFORMATION: If there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of, the participant or parent of the participant should discuss this with the instructor./program supervisor the first time the program meets.

**YES, I agree to allow my child to view "R" rated movies during the "Snowed in @ the Movies" event.**

**NO, I do not want my child watching "R" rated movies during the "Snowed in @ the Movies" event**

**X** PARENT SIGNATURE \_\_\_\_\_

IF FAXING, BE SURE TO INCLUDE CREDIT CARD INFORMATION.
FAX # 262.673.8303
Number: _____
_____
V-Code: _____
Exp. Date: ____ / ____

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