

St James Grape and Fall Festival

#STJCares Night Pre Registration & Verification Form

Registrant Name: _____ Registrant Age: _____

Registrant Buddy: _____ age: _____

Agency/Organization associated with: _____

Type of Handicap ability (optional): _____

All information contained on these forms will be kept confidential and will only be seen by the Chair or Team lead of this event.

Please provide a third-party verification contact person in the space below. This can be a school teacher, doctor or service provider. It should be someone who works with the registrant, it may not be a family member or friend of the family.

I _____, give Amber Sidwell and the St James Chamber permission to seek third party verification to verify eligibility for no cost entrance into the #STJCares Grape and Fall Carnival on September 8th 2021.

It is further understood that there will be only 1 Buddy Pass per registrant.

Third party organization name: _____

Point of Contact: _____

Address of organization: _____

Phone Number of organization: _____

Verification Signature: _____ Date: _____

I understand that St. James Chamber of Commerce or the Carnival Company cannot guarantee that I (or my child/ward) and their buddy will fully be able to ride any or all of the rides of the carnival.

I release and forever discharge and hold harmless the St. James Chamber of Commerce, Show Me Amusements, the City of St. James and all their, owners, volunteers or employees any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services provided to me. I understand and acknowledge that this Release discharges the above mentioned from any liability or claim that I may have against the above mentioned with respect to bodily injury, personal injury, illness, death, or property damage that may result from the activities and services I am provided the opportunity to enjoy at this event.

Signature of Registrant or guardian: _____ Date: _____