

2021 Chesterfield Township Trunk or Treat



Saturday, October 16, from 12-3PM

47275 Sugarbush

Contact: _____

Address: _____ City: _____

State/Zip: _____ Email: _____

Contact # (primary): _____ Contact # (secondary): _____

Acknowledgement of need to provide *at minimum* 600 pieces of candy or toys to be handed out at the event to participants ages 2-10 years. Initials: _____

Number of car trunks provided: 1 2 3 4 (maximum four vehicles)

Trunk Theme: _____

Leisure Services reserves the right to disapprove of any persons for any reason. Participants are asked to decorate their vehicle trucks in a Halloween theme and pass out candy to all participants to participate. Prizes will be awarded for best decorated vehicle. Cars must be registered by 10/1/2021 to participate. Set up begins at 10AM. **All cars participating in the trunk or treat event need to be parked no later than 11:30AM and are not permitted to move until 3:30PM for the safety of our guests.** No charge is included, but participants **MUST** pass out candy/toys to all 600 participants for the duration of the event. No solicitation of information or advertising is permitted. Trunk or Treat is for individuals or non-profit groups with cars only. Businesses are able to sponsor a space on the indoor trick or treat trail to participate (separate application available).

I have read & understand the nature of physical demands of these activities & the policies set forth by Chesterfield Township Leisure Services. I have noted above any medical or physical conditions which might affect participation. I therefore release any and all rights or claims for damages against Chesterfield Township and all individuals assisting in the instruction or conduction of their activities, for any & all injuries, loss or damage suffered by myself or the participant at or in any way connected with these injuries. Additionally, I hereby authorize use of any photo, both video audio portions of tapes/films, with I or my dependent appear.

Signed: _____ Date: _____

Mail this application with payment, the attached waiver of liability, and background check forms to:
Chesterfield Township Leisure Services, 47275 Sugarbush, Chesterfield MI 48047

Website: parks.chesterfieldtwp.org **Office Hours:** Mon-Fri, 8AM-4:30PM **Phone:** 586-949-0400 ext. 4

CTLS Staff: APPROVED _____

DATE _____



CHESTERFIELD TOWNSHIP TRUNK OR TREAT
VENDOR WAIVER OF LIABILITY

Contact's Name: _____

Full Address: _____

Telephone Number: _____

Name of Event: _____

Date(s) & Time(s) of Event: _____

Location Preference : _____

Type of Equipment being utilized:

Proof of Insurance provided? ____ Y ____ N

Additional Insured endorsement included? ____ Y ____ N

The "seller" hereby agrees to defend, indemnify, and hold harmless the Charter Township of Chesterfield against any and all claims, demands, suits, losses, including all costs connected therewith, for any damages which may be asserted, claimed, or recovered against or from the "seller" by reason of any personal injury, including bodily injury and death; and/or any property damage, including loss of use thereof, which arises out of the alleged negligence of the "seller" and/or in any way connected or associated with the performance of this contract; regardless if caused in whole or part by the "seller", or by third parties, or by the agents, servants, volunteers, employees or any factors thereof.

It is further agreed that the "seller" will hold the Charter Township of Chesterfield harmless for any damages that may be sustained to any personally owned equipment used during the event on the dates as specified above and damages will be my/our sole responsibility.

I have read and understand the above.

Signature: _____ **Date:** _____



CHARTER TOWNSHIP OF CHESTERFIELD

47275 Sugarbush Road

Chesterfield MI 48047

**AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS OF
EMPLOYMENT/BACKGROUND SCREENS**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Chesterfield Township and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report (ICHAT/SOS/Sex Offender Registry) and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; sex offender registry status; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Chesterfield Township or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Applicant Signature

Date

HR Signature

Date

CHARTER TOWNSHIP OF CHESTERFIELD
47275 Sugarbush Road
Chesterfield MI 48047

BACKGROUND CHECK SEARCH INFORMATION

1. Name (Full): _____
2. Maiden Last Name: _____
3. List Any Former Names Used: _____
4. Date of Birth: ____ - ____ - ____
5. Telephone Number: _____
6. Current Street Address: _____
7. City: _____, State: _____ Zip: _____
8. Driver's License Number: _____ State Issued: _____
9. Name on Driver's License: _____
10. Race: _____ I do not wish to identify my race _____

By signing below, you are certifying that the above information is true and correct.

Applicant Signature

Date

HR Signature

Date