CHARLOTTE LAND TRUST
FAMILY SCAVENGER HUNT REGISTRATION

RETURN FORM TO: Recreation drop box (Town Hall) or Recreation, P.O Box 119, Charlotte VT 05445. Questions? Call Frances Foster 343-0633

Name_____ Today's Date_____

Age_____ (suggested for 12 and under)

Parent/Guardian
Name_____

Address_____

Phone Number (cell phone preferred)_____

Email_(PRINT)_____

****The Scavenger Hunt is scheduled to take place on **Saturday, May 19. Rain date is Sunday the 20ᵗʰ.** If we decide to change to the rain date, we will email you early on Saturday morning.

We will **meet at the Charlotte Central School at 9:30 on Saturday**. We explain the hunt at the school and then depart by 9:45 for the Charlotte Park and Refuge. Please note, all participants will be asked to take the bus provided up to the refuge as public parking off of Route 7 is not allowed. An adult is required to accompany each child or group for this fun, exploratory event. The hunt could be muddy, so please dress accordingly! Shuttles will begin to return to school around 11:15 a.m.

Waiver: I give permission for my child to participate in the Scavenger Hunt on the Charlotte Park and Refuge property owned by the Town of Charlotte. I understand that the possibility of injury is inherent in recreational activities. In consideration of your acceptance of my (child's) entry, I herby, for myself, my child, and our heirs, executors and administrators, waive and release any and all rights, claims and damages we may have against the Town of Charlotte, or the Charlotte Land Trust, its representatives and volunteers, successors and assigns, for any and all injuries suffered by either of us at the Scavenger Hunt or in being transported to and from the site. I give permission to the Charlotte Land Trust to take photographs of participants in the scavenger hunt and understand that the photographs may appear in promotional materials put out by the Charlotte Land Trust. (I hereby certify that I am a person having legal responsibility for the child and that I am duly authorized to execute this release form.)

Parent or Guardian Signature_____ Date:_____