

**City of Southport**  
**Halloween Trunk-or-Treat**  
**October 26, 2024**  
**4 pm – 7pm**

**Trunk-or-Treat Registration Form**

Complete in advance and return to Danielle Hinton at [danielle.hinton@southportparks.org](mailto:danielle.hinton@southportparks.org)  
OR mail to / drop off at 137 Worman St, Southport, IN 46227  
PLEASE SUBMIT FORM NO LATER THAN **OCTOBER 19<sup>th</sup>**

Participant Name(s): \_\_\_\_\_

Organization name, if \_\_\_\_\_

applicable: Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*If different from above, please provide:*

Event Day Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

For staging purposes, please complete the following:

Number of people in unit: \_\_\_\_\_ Number and type of vehicles in unit: \_\_\_\_\_

Name of Participants: \_\_\_\_\_

Brief description of trunk entry: \_\_\_\_\_

\_\_\_\_\_ I have read and understand the Event Rules & Regulations and the Indemnity Statement printed on the back.

\_\_\_\_\_ On the day of the event, I will sign this form.

Signature of person completing this form:

\_\_\_\_\_  
Name Contact information (phone or email)

Questions? Please contact Danielle Hinton: 574.596.4255 or [danielle.hinton@southportparks.org](mailto:danielle.hinton@southportparks.org).

**(OVER)**

## Event Rules and Regulations

**General Safety:** No weaponry, real or otherwise, permitted at the event.

**Inspection:** All vehicles will be subject to an inspection check for compliance with the safety requirements prior to commencement of the event. All vehicles participating in the event **MUST BE CHECKED IN BETWEEN 3:00 and 3:45PM** on the day of the event. Vehicles arriving after 3:45pm will, unfortunately, not be able to participate in the event.

**Jurisdiction:** Any matter of safety not covered in these rules can be reviewed and required to be corrected by any member of the Park Board or Southport Police. Matters considered hazardous to the extent that they may pose a risk to the participants or public are to be corrected. Failure to correct the hazard identified can result in the removal of the vehicle from the event.

**Miscellaneous:** You are responsible for providing all candy/treats to be passed out to the community. Please keep in mind, this is a very well attended event, and will be passing out candy to **hundreds** of kids.

With questions on the above requirements, please contact Danielle Hinton at [Danielle.Hinton@southportparks.org](mailto:Danielle.Hinton@southportparks.org).

### 2024 RELEASE AND INDEMNITY FORM

The undersigned person, corporation or other entity is a participant (hereinafter "Participant") in one or more of the functions which are part of the October 26th Trunk-or-Treat in the City of Southport. Participant acknowledges that Southport does not seek to make a profit from any of the activities of the annual event but uses any revenues for future activities.

In consideration of Southport allowing Participant to take part in one or more functions of the event, whether or not a fee has been paid by either party, Participant agrees that it will indemnify Southport, its officers, chairpersons and employees, and hold them harmless with respect to any defense that they shall be required to make in connection with any claim or action arising out of Participant's involvement with the parade, including the payment of reasonable attorney's fee.

Participant acknowledges the fact that liability and other types of insurance are available in connection with its involvement in the event, and agrees to obtain any bonds, insurance coverage and licenses required by the Southport Parade Committee, or any governmental authority having jurisdiction.

#### AUTHORIZED SIGNATURE ON BEHALF OF SELF AND, IF APPLICABLE, ALL COMPANY/ORGANIZATION PARTICIPANTS

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
Printed Name Printed Title (if representing a group) Printed Name of Group/Organization

acknowledge the signing of this Release and Indemnity on behalf of myself and, if applicable, all my group's participants in the Southport Event activities.

\_\_\_\_\_  
Witness Printed Date

\_\_\_\_\_  
Authorized Participant Signature Date