

Grant Township Presents..

# Four Winds Casino Day Trip



(New Buffalo, Mi)

**Monday, August 7<sup>th</sup>, 2023 - \$47.00 per person**

**Includes Motorcoach Transportation. Bring your own coffee, we supply Danish!**  
All passengers will receive \$15 in Instant Slot Credit and \$10 Food Credit.



## Itinerary:

**8:45am** - Depart Grant Township (Promptly) - 26725 Molidor Rd. Ingleside, IL

**12:00am** - Approximate arrival at Four Winds Casino. Upon arrival a casino representative will board the coach and provide each person with a player's card which must be used during your stay. (Arrival time is EST zone, one hour ahead)

**5:00pm** - Depart Four Winds Casino. Departure time is in EST zone (1hour ahead)

\*\*Change to Central Time Zone - Back 1 hour when entering Illinois\*\*

**6:15pm** - Estimated return to Grant Township - 26725 Molidor Rd, Ingleside, IL



**Reservation Requirements:** Reservations must be made by **July 17, refunds advanced notice only.** All reservations require a passengers full legal name as it appears on your drivers license, street address, contact phone number, date of birth and player card numbers if applicable. Must be 21 years and older.

Note: All Casino require patrons to have a Valid photo I.D. to receive specials and collect jackpots. Winnings over \$1199 require Social Security Card. Casino reserves the right to change or modify all casino rebates, offers, and meal package without notice.

**Covid-19 Disclaimer:** You should be aware that there is an inherent risk when traveling that you assume. We cannot guarantee that you will not become exposed to COVID-19 or any other illness or contagious disease while traveling. By choosing to travel with Happy Times Tours & Experiences, you assume all risks related to exposure to COVID-19 or any other illness or contagious disease.

**For Information Contact Grant Township 847-740-2233**

**Registration Form**  
**Four Winds Casino Trip August 7<sup>th</sup>, 2023**

Participant's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Rewards #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Seating With: \_\_\_\_\_

PAYMENT (circle one):      **CASH**    or    **CHECK** # \_\_\_\_\_

Make Checks payable to: **Grant Township for \$47.00**

Mail or drop of at Grant Township, 26725 W. Molidor Rd. Ingleside, IL 60041

**Important Information**

Grant Township is committed to conduction of its recreation programs and activities in the safest manner possible and to hold the safety of participants in the highest possible regard. Participants registering for this program must recognize, however, that there is an inherent risk of injury when choosing to participate. Grant Township continually strives to reduce such risks and insists that all participants follow safety and instructions that have been designed to protect the participant's safety. Please recognize that the Grant Township does not carry medical accident Insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering them self or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Grant Township automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Grant Township requires the execution of the following Waiver and Release.

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering yourself for participation in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of the above program. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, damages or loss regardless or severity that I may sustain as a result of participating in and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Grant Township and its officers, agents, servants and employees. I do hereby fully release and discharge Grant Township and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have which may accrue to me arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend Grant Township and its officers, agents, servants and employees from any and all claims resulting from injuries damages and losses sustained by me connected with, or in any way associated with the activities or the program. In the event of any emergency, I authorize Grant Township officials to secure from any licensed hospital; physician and or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the program details, waiver and release of all claims and permission to secure treatment as stated above.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PRINT** Participant's Legal Name: \_\_\_\_\_

**Reservation & Payment Due By: Tuesday, July 17, 2023**