

Enjoy

a Summer Day on the Water!

Lake Geneva Cruise Line



Date: Wednesday - July 19, 2023

Fee: \$90.00 per person (Seniors Only) limited space available

Depart: 10:00am from Grant Township

Boat will leave Lake Geneva port promptly at 11:15am

Boat will return to Port at 1:45pm

Arrive in Fox Lake around 3:00pm

Price Includes: Chartered bus transportation, menu of Chicken Specialty, veggie, starch, fresh rolls, dessert, coffee or tea. (Soda or alcoholic beverages are additional) & a two-hour narrated excursion aboard the Grand Belle.
(This is an enclosed boat)

Return Registration Forms and Fee By *June 30th* to:

Grant Township Center
26725 W . Molidor Road, Ingleside 60041
Cannot accept Credit Cards

Or

Village of Fox Lake
66 Thillen Drive, Fox Lake, IL 60020
Accepts Credit Cards

For More Information Contact:

Grant Township: 847-740-2233 or

The Village of Fox Lake: 224-225-1402 or 1404



Registration Form
Lake Geneva Luncheon/Boat Tour July 19th, 2023

Participant's Legal Name: _____

Address: _____ Phone: () _____ - _____

City _____ State _____ Zip _____

Seating With: _____

PAYMENT (circle one): **CASH** or **CHECK #** _____ or **CREDIT CARD**

Make Checks payable to: **Grant Township Or Village of Fox Lake**

Credit Card Type (circle one): **MASTER CARD** or **VISA**

Credit Card Number: _____ Expiration _____

Authorized Signature: _____

Please Note: Grant Township does NOT accept credit cards.

IMPORTANT INFORMATION

Grant Township and the Village of Fox Lake 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 and Village of Fox Lake 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 and the Village of Fox Lake 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 and the Village of Fox Lake 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 and the Village of Fox Lake 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, and the Village of Fox Lake, agents, servants and employees. I do hereby fully release and discharge Grant Township and the Village of Fox Lake 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 the Village of Fox Lake 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 and the Village of Fox Lake 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: Friday, June 30th, 2023