

Grant Township Presents...

Experience Milwaukee
through the eyes of



Schlemiel
Schlimazel
Hasenpfeffer Inc.

Laverne
&
Shirley



May 17th, 2023 • \$115 per person

This is the Must Experience
Laverne & Shirley Themed Tour of Milwaukee!

Departure & Location

8:15am Depart Grant Township - 26725 Molidor Rd, Ingleside, Il.
(Estimated return 5:00pm) Cut off for payment, May 3rd, 2023.

If you are a fan of the Laverne & Shirley show, you will appreciate seeing Milwaukee's City Hall which was the opening shot of the show. See Polish Flats and the Brewery that made Milwaukee Famous, "Shotz." We even make a stop



to see Laverne's heart throb the Bronze Fonz Statue. Bring your camera for that! Our day includes touring Lakefront Brewery where you will enjoy 2 samples, and a souvenir glass. Laverne's pop was famous for his pizza.

Today's tour features a delicious pizza luncheon complete with salad, a piece of garlic bread and non-alcoholic soda. All at a local Milwaukee favorite that features delicious crust pizza. The day also includes a game of mini-bowling because the girls have to keep their skill sharp for the Shotz Brewery Tournament. Top off the day with a frozen custard treat at Milwaukee's legendary and nostalgic Leon's Drive-In. Grab your friends and get ready for a Fun Day!

***This tour is not wheelchair accessible.** The businesses featured on this tour are smaller businesses and most have a few steps to get into them. Advanced reservation are required. Payment is required at the time of making your reservation and all payments received are non-refundable at 30 days prior. Gratuities for the driver and Laverne & Shirley character guides is not included. Itinerary is subject to change due to COVID policies that may be enforced without notice.

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

Registration Form
Laverne & Shirley Tour of Milwaukee – May 17th, 2023

Participant's Legal Name: _____

Address: _____ Phone: () _____ - _____

City _____ State _____ Zip _____

Seating with: _____

Email Address: _____

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

Make Checks payable to: **Grant Township for \$115.00**

Mail to: 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 Name: _____

Reservation & Payment Due By: Tuesday, May 3, 2023