



WE ARE LOOKING FOR CLUBS, TEAMS, OR STUDENTS WILLING TO SET-UP AND ACT-OUT A SCARY SCENE AT THE 19TH ANNUAL LAPHAM PEAK FRIGHT HIKE ON THE EVENINGS OF OCT. 21ST & 22ND. EARN \$100 FOR EACH SITE! VISIT WWW.FACEBOOK.COM/LAPHAMPEAKFRIGHTHIKE FOR DETAILS!

***** **ORGANIZATION/CLUB/SCHOOL** ***** **INDIVIDUAL VOLUNTEER:** *****

Group _____
 Group Leader _____
 Email _____
 Phone _____
 Donation Address _____
 # of volunteers in group _____ # of sites _____
 Site Theme _____

Name _____
 Email _____
 Phone _____
 Age _____ Rain or Shine, I commit to: Fri.10/21 Sat.10/22

MAIL FORM TO:

Town of Delafield - Attn: Angela Lorbach
 W302N1254 Maple Avenue, Delafield, WI 53018

OR CONTACT:

parkandrec@townofdelafield.org • 262.364.7773

Note: This event is not sponsored by the School District.

WAIVER:

I/We understand that this event has the possibility of being a potentially hazardous activity. I/We understand all risks associated with this event including effects of weather, park traffic, and trail conditions. All such risks being known and understood by me, having read this waiver, relieve all sponsors, officials, and other volunteers of the Fright Hike from all claims or liabilities of any kind arising out of my participation in this event. I/We also give permission for use of my name, address, picture or likeness for any purpose whatsoever.

Volunteer Signature _____
 Supervisor Signature _____

Waiver must be signed by club/group supervisor & participant
Parent/Guardian if under 18 years of age