

## 2011 Festival of Trees Entry Form

Entry form is due to the City of Montgomery by 5pm on Thursday, November 17, 2011

**To register, please return this completed entry form:**

**By FAX:** fax # 513-891-2994 Attn: Julie Machon (please call Julie at 792-8316 to confirm fax)

**By MAIL:** City of Montgomery, Attn: Julie Machon, 10101 Montgomery Rd, Montgomery, OH 45242.

**In PERSON:** You may submit your form to City of Montgomery, City Hall, 10101 Montgomery Rd, Montgomery, OH 45242.

**Questions?** Call Julie at 792-8316 or email Julie at [jmachon@ci.montgomery.oh.us](mailto:jmachon@ci.montgomery.oh.us)

**Prize:**

**NAME (please print):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_

**TITLE OF TREE:** \_\_\_\_\_

### **Rules & Regulations**

In consideration of my/our enrollment and participation in this program, I/we hereby waive and release any and all rights and claims for damages I/we may have against the Sponsoring Group (for these purposes, the Sponsoring Group consists of the City of Montgomery, Ohio National Financial Services, Life Enriching Communities, Bethesda North Hospital/TriHealth) its employees, contractors, volunteers or representatives, for any and all injuries suffered in any activity sponsored by this Sponsoring Group. I/we furthermore indemnify and save harmless the Sponsoring Group for any and all loss and damage to person or property that may arise out of participation in this activity. By registering for, participating in or attending this program, I/we agree to allow the publication of any photos taken at any program, event or facility by the Sponsoring Group. Furthermore I/we understand that the Sponsoring Group reserves the right to refuse any entry it deems to be in poor taste or inappropriate for display at this program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Yes, I'd like to donate my tree to McKinley Place at Twin Lakes.

