

Jackson Medical Mall Foundation
presents

TRUNK -OR- TREAT



Register your trunk today!
There is no fee to register
your trunk.

Haunted House | Hayrides | Live Music | Games

Thursday, October 31, 2019

\$1 Entry Fee



6:00 p.m. - 8:00 p.m.

Jackson Medical Mall

Parking Lot (Near Piccadilly)

RULES:

- Registration is free for this event. However, all registration forms are due by **5pm on Thursday, October 24th**. Participants and volunteers are exempt from paying the \$1 entry fee.
- All participants must provide their OWN candy for distribution. The Jackson Medical Mall Foundation will NOT provide candy.
- Promotional items are welcome, but please only distribute **prepackaged** candy.
- Please be courteous to your trunk neighbors and keep your decorations confined to your parking space.
- No amplified music OTHER THAN Halloween themed music (no profanity or vulgar language).
- NO electricity will be provided for trunks.
- Selling (other than the JMMF fundraiser) is prohibited at this event.
- ALL trunks and their owners will be photographed and video recorded.
- Vehicles must arrive NO LATER than 5:30p and be decorated and ready to go by 5:40pm for official judging.
- Best Trunk Award judging will take place until 7:00 pm and will be announced no later than 7:30 pm.
- Vehicles will not be permitted to move or leave the parking lot until the conclusion of the event.
- All vehicles will be assigned an entry number at Check In. Entry numbers must be placed on the right upper most visible location to ensure voters can identify vehicle.
- Vehicle owners must provide vehicle registration and driver's license with registration form.
- Only properly registered vehicles will be allowed to participate in this event. License plate numbers will be verified at event. License plate numbers will be used to provide parking assignments for the event.
- Prepare for 1500 - 2000 people.

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Name of Business or Organization: _____

Name of Contact Person: _____ Phone #: _____

Email: _____ Social Media: @ _____

License Plate #: _____ Vehicle's Year: _____

Vehicle's Make & Model: _____ Vehicle's Color: _____

Brief Description of Your Trunk's Theme: _____

How did you hear about the JMMF Trunk or Treat? (Circle One)

Social Media Mall Happenings JMMF Website TV Radio Referral

Media Release/Risk and Liability Waiver

I hereby grant permission to the Jackson Medical Mall Foundation (JMMF) and its assignees and licensees to take photographs or videos of me and my property, and to make recordings of my voice for the research or promotion of JMMF programs, events, and services. Unrestricted usage: I give unrestricted permission for images, videos, and recordings of me and my property to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further understand that JMMF is not liable to pay royalties or any form of compensation as a result of my appearance, voice or likeness in aforementioned pictures, videos, or recordings.

All organizations participating and attending in the Jackson Medical Mall Foundation's Trunk or Treat do understand that they are participating on a voluntary basis. Each organization will assume any and all responsibility for all claims, losses, and damages to persons or property arising out of or in connection with the Trunk or Treat. The Jackson Medical Mall Foundation (JMMF) has reserved the right to assign space and adjust the floor plan/event layout as necessary. Exhibitors and their agents shall not injure or deface the exhibition premises or materials provided by JMMF or the event venue. All participating persons in this event are in good enough health to safely participate in any recreational activity that may occur at this venue. (If over 35, it is advisable to be medically cleared with your doctor before participating in any physical/recreational activities).

Print Name: _____ Date: _____

Signature of Authorized Signee _____

For Internal Use Only

Date Received: _____ Received by: _____