



2025 Trunk or Treat Trunk Application

Friday, October 31st
Lamesa Downtown Square
Events from 5:00 pm – 7:00pm

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone Number: _____

Number of Trunks: _____

Each vehicle must have current insurance and registration.

Cost is \$10 for each trunk and will includes 1 bag of candy distributed on the day of the event.

Vehicle has current Insurance () Yes () No

Vehicle has current Registration () Yes () No

Driver has a valid Driver's License () Yes () No

ASSUMPTION OF RISK AND IMAGE RELEASE FORM

I give permission for my child, family, and/or myself to participate in this program. I understand that the Lamesa Area Chamber of Commerce, City of Lamesa and Lamesa Independent School District carry no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a city class or activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered, and the city will make reasonable accommodations. I do herby, for myself, my children, my family, my heirs, executors and assigns, herby release and hold harmless the Lamesa Area Chamber of Commerce, City of Lamesa and the Lamesa Independent School District, their officials, officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releaser's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement on and on behalf of the participants. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives permission for their likeness, or the likeness of their child or family, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the Lamesa Area Chamber of Commerce, the City of Lamesa and the Lamesa Independent School District programs.

I understand any omission or misstatement on this registration form shall be grounds for removal from the program regardless of the time elapsed.

Signature: _____ Date: _____

Please complete this form in its entirety, and return it with payment by Wednesday, October 29th to:

The Lamesa Area Chamber of Commerce
123 Main
806-872-2181

Spaces will be assigned on a first come first serve bases - SO SIGN UP ASAP!