



# HOLIDAY HOME DECORATING APPLICATION

*Entry \$5.00*

**Categories: Most Creative, Most Lights, Best Decorated Home**

**Judging:** December 17 & 18 between 6:30pm-9:00pm

Winner will be announced at the Holiday Movie at the Park December 20, 2024

**Form deadline: Wednesday, December 11, 2024 to Community Center (9000 SW 50<sup>th</sup> Place) or Pool & Tennis Center (11600 Stone Bridge Parkway)**

**Contact Person:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Neighborhood:** \_\_\_\_\_ **Gated Community?** \_\_\_\_\_

If there is a gate, you must be available to allow access on Dec. 17 & 18 for viewing

**Phone (cell):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Description of Display:** \_\_\_\_\_  
\_\_\_\_\_

### **Waiver For Adult**

As a participant in a City of Cooper City (the "City") cultural, sporting, entertainment or other activity or event, or as a user of any City facility, premises or equipment, I hereby voluntarily assume the risk of any loss, injury or damage to myself or my property which in any way arises out of the use of such facilities, premises or equipment or participation in such activities or events, which said loss, injury or damage is sustained while upon said facilities or premises, using such equipment, participating in said events or activities or being transported therefrom or thereto. Further, I do hereby waive any claim against the City and its agents, servants and employees, arising from said loss, injury or damage and do covenant not to sue City or its agents, servants and employees, thereon, regardless of whether such loss, injury or damage is caused in whole or in part by the negligence of City or by the negligence of the agents, servants, or employees of the City.

I hereby give permission for the City to call my physician and/or arrange for emergency medical service technician response or for transportation to a hospital, in the event of any injury or illness to myself, although I understand that the City assumes no responsibility to do so.

READ, UNDERSTOOD AND AGREED TO this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Witnessed By: \_\_\_\_\_

### **Print/Electronic Media Release**

I hereby give my permission to the City of Cooper City to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Cooper City, Florida.

READ, UNDERSTOOD AND AGREED TO this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant/Parent/Guardian Signature: \_\_\_\_\_ Witnessed By: \_\_\_\_\_