



Sponsoring

Have a Happy Holiday

Featuring Bill Monaghan, Monaghan Music, LLC

FRIDAY, DECEMBER 4TH

7 – 8:30 PM

MAUREEN WELCH ELEMENTARY SCHOOL (CAFETORIUM)
750 New Road
Richboro, PA 18966

This is a fun filled FREE evening for children and young adults with autism and their families to participate in ARTS AND CRAFTS, GAMES and enjoying MUSIC and the sounds of the HOLIDAY. We will have light refreshments and gift bags for the children...and A VERY SPECIAL GUEST!

join the fun!

Please contact linda@autismcaresfoundation.org by **December 1st** to register for this event. Please give full names of adults and children (include the ages of the children).

Parents and/or caregivers MUST remain with their child during this event.

Below is a wavier that you can sign and bring with you, or sign at the door.



Parents / Caregivers will be required to sign a waiver as a prerequisite to joining the event. The Waiver will be presented at the door upon entering. The wording of the waiver is listed below.

Happy Holiday Waiver

I know that walking, running, jumping, bouncing and any other activity is potentially hazardous. I should not enter unless I am medically able. I agree to abide by any decision relative to my ability to safely engage in the planned activities. I assume all risks associated with this event, including but not limited to falls, contact with other participants, the effects of climate and any other conditions that may be present or present themselves during the course of the event, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the entry, I hereby for myself, heirs, executors and administrators and as a parent or caregiver waive any and all claims from injuries, death, damage or loss that I and/or a child in my care may have against the Autism Cares Foundation, Inc. and/or any individuals associated with the organization, their representatives, volunteers, board of directors, officers, and any other person that may be affiliated with this event, for any and all injuries that may be suffered by me in connection with this event including pre and post activities. I hereby grant permission to the organizers of this event, the Autism Cares Foundation and their authorized agents to use my name, photographs, videotapes, in connection with this event, including any other record of my participation in this event.

(Print Name)

(Signature of Parent / Caregiver)

(Date)