CITY OF HAMMOND

INDOOR TRUNK OR TREAT

THURSDAY, OCTOBER 8, 2026

HAMMOND CIVIC CENTER 5-7 PM

Business/Organization Name: _____

Address _____ City _____

State _____ Zipcode _____

Phone _____

Email _____

Contact Name _____

Does your business/organization require a 10x10 space?

☐ Yes ☐ No

Is your business/organization opting to do a interactive game in leiu of passing out candy?

☐ Yes ☐ No

Complete and return this form by Monday, Sept 28th, 2026 to:

HAMMOND CIVIC CENTER

ATTN: Special Events

5825 Sohl Avenue. Hammond, IN 46320

or email completed form to ibarraa@gohammond.com

PARTICIPATION IS FREE, BUT YOU MUST BE PART OF AN ORGANIZED GROUP.

WAIVER AND FULL RELEASE OF CLAIMS/LIABILITY

Your organization, by filing out the above and checking the below box, has agreed to participate in the 2026 City of Hammond Trunk or Treat on Thursday, October 8, 2026. In consideration for being accepted as a participant and by participating in this event, you agree to grant the City of Hammond the exclusive right to use your name, likeness, photo, or reproduction for any purpose and using any media for promotion, advertising, or otherwise. Furthermore, we hereby release the City of Hammond, its respective officers, employees, agents, representatives, successors, and assigns ("City of Hammond") from any claim, liabilities, and /or damages that may now or in the future arise by reason of such use. Further, we acknowledge that we are aware of the risks associated with participation in the event and, therefore, on our behalf and that of our organization and its volunteers, employees, officers, directors, and agents, hereby assume all risks of personal injury or property damage that may occur before the event including during set up, during the event, or after the event including during tear down, and do hereby release the City of Hammond, its respective officers, elected officials, employees, agents, representatives, successors and assigns from any claims, liabilities, and /or damages on account of any personal injury or property damage that may occur from any cause before, during, or after the Hammond Trunk or Treat including by and because of any negligence or fault of the City of Hammond.

_____

SIGNATURE DATE

☐ By checking this box, you signify that you have read and agree to the terms of the Trunk or Treat Waiver.