

RICHMOND PARKS & RECREATION

PUZZLE PALOOZA

(Any age may participate/however the puzzle is recommended for ages 8+)

REGISTRATION DEADLINE: December 6, 2024

Registration Fee: \$40.00 per team (max 4 people per team)

Puzzle Race Day: December 13, 2024

Location: Richmond City Hall Council Chambers. 205 Summit St. Richmond MO.

Event Time: 6:00pm-8:30pm. TEN TEAMS MAXIMUM

The Puzzle Palooza will be a fun Christmas themed puzzle race. Teams of four will receive the exact same 300 piece puzzle. Teams will have two and a half hours to complete the puzzle. The first team to finish wins!

I, the participant or the guardian of the below named candidate for a position on a recreation team, hereby give my approval to participate in any and all recreation activities, including transportation to and from the activities. I am aware that participation in this competition could result in injuries. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, officials participants, and persons transporting myself/ or my child to and from activities for any claim arising out of any injury to myself or my child whether the result of negligence, COVID-19, or for any other cause. I agree to return equipment issued in as good condition as when received, except for normal wear and tear. I have read and fully understand the above program details and waive and release all claims including damaged, stolen, or lost property that could occur during the recreation event. I agree to abide by the rules and regulations as set forth by the Richmond Recreation Department, for my child, myself, and our family's participation in the program. I understand that this includes, but is not limited to, good sportsmanship toward the supervisors and opposing players. FAILURE TO DO SO MAY RESULT IN EXPULSION FROM THE EVENT. In addition, I agree, understand, and allow the City of Richmond to take and use my or my child's photograph, likeness, name, statement, or video. I understand that the City of Richmond may use the photograph, likeness, name, statement or video for the purposes of publication, presentation, websites, and social media channels. I have read and fully understand the above program details and waive and release all claims.

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Team Captain: _____ **E-mail:** _____

ROSTER:

	NAME <i>(PRINT CLEARLY)</i>	PHONE	SIGNATURE <i>(IF UNDER 18, GUARDIAN MUST SIGN)</i>	DATE
1.				
2.				
3.				
4.				

Questions? Please e-mail: Hwilliams@cityofrichmondmo.org

Please return to: City Collector's Office, 205 Summit, Richmond, MO 64085, M-F, 8:00am-4:30pm.

Cannot make it to City Hall by 4:30? Put the fee/form an envelope and put in the "after hours" box outside of City Hall. DO NOT PUT CASH IN THE "AFTER HOURS" BOX. Make checks payable to: *City of Richmond*

PROGRAM POLICIES: The Richmond Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary—NO REFUNDS.

Office Use Only

Amount Paid \$ _____ Date Recorded _____ By _____

Gym Improvement Fundraiser Revenue: 10-21-07-4495