

Tickets on sale  
March 2 - April 2

Saturday, April 4

# Breakfast

with the

# Bunny

Pickerington Senior Center

More information  
available online at  
[www.pickerington.net](http://www.pickerington.net)  
or call Parks and  
Recreation Department  
at 614-833-2211

Seatings:  
8:00, 9:30  
or 11:00am

Tickets:  
\$6 per person  
(2 and  
under  
free)



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Office Use Only	
Received Date _____	Cash _____
Approved By _____	Credit Card _____
Total Paid _____	Check # _____
Receipt Number _____	
Ticket #s _____	

Number of Tickets 3 years old and up - \$6/person _____
Number of Tickets 2 years old and under - FREE _____
<b>Total Number of Tickets _____ Total Fee _____</b>
Select one: 8:00am _____ 9:30am _____ 11:00am _____

Ways to Register:  
- In Person at the Parks and Recreation Department  
- Drop-Box located outside City Hall  
- Mail to: **Parks and Recreation**  
**100 Lockville Road**  
**Pickerington, OH 43147**  
- By Email: [recreation@pickerington.net](mailto:recreation@pickerington.net)

- Tickets will be held at Will Call at the door
- Checks Payable to: **City of Pickerington**

### Waiver for Applicant

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Pickerington harmless of and from any and all liability of whatever nature, which may arise out of result of such uses. The City of Pickerington reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Method: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ Please charge VISA or MasterCard below

Name of Cardholder \_\_\_\_\_ Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_