



## Zackley's and Yzals go to the Keller's Farmstand's corn maze!

When: October 22<sup>nd</sup> meeting at the church at 1:15pm to leave by 1:30pm to drive there

Where: Keller's Farmstand

2500 Johnson Rd  
Oswego, IL 60543  
(630) 219-8194  
<http://www.kellersfarmstand.com/locations/oswego-farmstand/>

Families are welcome! **We will need drivers to get us there** so if you can drive please let Sylvia know so we can make sure we have enough seats for everyone! Church will pay for entrance but please bring money for any food or souvenirs. Pumpkin and apple picking are offered as well as homemade cider donuts, kettle corn, and fudge which are all sold in the concession stand. All those who are not attending with their parent must bring a permission slip.

**Liability Release Form**

In consideration for being accepted by First Congregational Church of La Grange for participation in

\_\_\_\_\_ on \_\_\_\_\_, I do hereby release, forever discharge and agree to hold harmless First Congregational Church of La Grange and the leaders thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Participant/Child's Name \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Allergies? \_\_\_\_\_

Participant's Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_