Time Capsule Registration Form

City of Liberty Lake Operations & Maintenance Department
22710 E. Country Vista Dr. Liberty Lake, WA 99019
Phone: (509)995-3588 Fax: (509)755-6713
E-Mail: mstevens@libertylakewa.gov

Applicant & Organization Information *(REQUIRED)*		
Applicant Name	**Applicant Phone Number**	**Applicant E-Mail Address**
Applicant Mailing Address		
Parent/Guardian Name *(if applicant is a minor)*		

Type of Item Submitting *(Required)*	
☐ High Quality Photo of our area.	☐ Favorite recipe (on a 3” x 5” card)
☐ Handwritten letters, personal messages, or drawing.	☐ Drawings from children of the community
☐ Documents containing information about our area/history.	☐ Letters from children in the community to their future selves.
☐ Recent newspaper clipping (not an entire newspaper)	

Other Item Submitted *(description)*

☐ ***I understand and agree not to submit anything related to gangs, pornography, illegal activities, drug/alcohol, and profanity.***

Risk & Release Acknowledgement

By signing below, the applicant agrees to all terms and conditions. The applicant assumes the entire responsibility and liability for losses, damages and claims arriving out of injury or damage to the applicant’s displays, equipment and other property brought upon the premises of the City and shall indemnify and hold harmless the City, agents and employees from any and all such losses, damages, and claims. By signing, the applicant hereby make application to the City of Liberty Lake for participation in the City of Liberty Lake Time Capsule and certifies the information given in this application and supporting material is correct. The applicant agrees to indemnify, defend, and save harmless the City or its officers, agents, employees, alleging damage or injury arising out of the subject matter of this agreement; provided, however, that such provision shall not apply to the extent that damage or injury results from the sole fault of the City or its officers, agents, or employees. The City maintains the right to make changes to event policies, fees, and processes at any time.

By signing this assumption of risk and release, we acknowledge that we have read its contents and understand its contents and warnings, and that we agree to its terms.

Applicant or Parent/Guardian Signature	**Date of Signing**