

Historical Mansion Tours & Luncheon

Shiloh House Tour, Zion
Lunch at Route 41 Roadhouse, Zion
Cuneo Mansion & Gardens, Libertyville

Thursday, July 19, 2018
\$40.00 per person

9:30 am Departure from Grant Township



Shiloh House is an elegant 25 room mansion built in 1901 by Zion's founder, the Rev. John Alexander Dowie, who headed the Christian Catholic Church. Now it has been restored to the splendor of the Victorian era and its original glory after years of appreciative labor.



Route 41 Roadhouse Lunch:
Slow Roasted Chicken, Spring Salad, Baby Red Mashed Potatoes, Sautéed Green Beans & Warm Peach Cobbler with Vanilla Ice Cream, Home-made Corn Muffins & Honey Cinnamon Butter, Beverages included of Coffee, Tea, Iced Tea & Soda



Cuneo Mansion and Gardens stands as a monument to old world elegance amid genteel country life. The grand spaces of the Venetian style architecture, filled with antique furnishings and artwork and the quiet paths through the manicured grounds allow guests to savor the elegant splendor of the "gilded age."

Last day to register is: Friday, July 6, 2018

NO REFUNDS



Grant Township Center
26725 W. Molidor Road,
Ingleside, IL 60041
847-740-2233

Village of Fox Lake
Parks & Recreation
66 Thillen Dr
Fox Lake, IL 60020
224-225-1404



Registration Form

Shiloh House, Rte 41 Roadhouse & Cuneo Mansion July 19, 2018, \$40.00

Participant's Name: _____

Address: _____ Phone: (____) _____ - _____

City: _____ State: _____ Zip: _____

E-mail address: _____

PAYMENT (circle one): CASH CHECK # _____

Make Checks payable to: **Grant Township or Village of Fox Lake**

Credit card payment accepted at the Village of Fox Lake only

Important Information

The Fox Lake Department of Parks & Recreation and the Grant Township Center is committed to conduct its recreation programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants registering for this program must recognize, however, that there is an inherent risk of injury when choosing to participate. The Fox Lake Department of Parks & Recreation and the Grant Township Center continually strives to reduce such risks and insists that all participants follow safety instructions that have been designed to protect the participant's safety. Please recognize that the Fox Lake Department of Parks & Recreation and the Grant Township Center does not carry medical accident Insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering them self or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Fox Lake Department of Parks & Recreation and the Grant Township Center automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for both Fox Lake Parks & Recreation and Grant Township Center requires the execution of the following Waiver and Release.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself for participation in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of the above program. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I may sustain as a result of participating in and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Fox Lake Park & Recreation Department or the Grant Township Center and its officers, agents, servants and employees. I do hereby fully release and discharge the Department and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have which may accrue to me arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries damages and losses sustained by me connected with, or in any way associated with the activities or the program. In the event of any emergency, I authorize Department officials to secure from any licensed hospital; physician and or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the program details, waiver and release of all claims and permission to secure treatment as stated above.

Participant's Signature: _____ Date: ____ - ____ - ____

PRINT Participant's Name: _____

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