

GREETINGS FROM
SALEM
MASSACHUSETTS



Haunted Happenings – Salem, MA – Sunday October 29

You are invited to America’s most exciting Halloween Festival in the bewitching seaport of Salem, MA. Salem may be most widely known as the site of Salem witchcraft trials of 1692, but this is also a colorful coastal city with a rich maritime heritage, an impressive display of historic architecture and amazing stories that span almost four centuries. Visit Salem for a “spell” and let your imagination “set sail”.

We will visit the Salem Witch Museum which brings you back to Salem 1692 for a dramatic history lesson using stage sets with life-size figures. Enjoy lunch on your own and explore the local shops before we see “Cry Innocent: The People Versus Bridget Bishop” at Salem’s Old Town Hall. The year is 1692 and Bridget Bishop has been accused of witchcraft and YOU are the Puritan jury. Hear the historical testimonies, cross-examine the witness and decide the verdict. A must-see for everyone.

Deluxe motor coach transportation, snacks, prizes, driver gratuity, admission to the museum, and admission to the play COST \$95.00

Provide the name(s) and signature(s) of participant(s). **NOTICE:** By signing this form, you agree to the terms of payment AND you attest that you have read, understand, and agree to the following **WARREN PARKS & RECREATION RELEASE STATEMENT:** The Town of Warren (the “Town”) expressly disclaims for itself and for its officers, commissioners, employees and agents, all liability for any loss or damage to property or bodily injury or death arising from or related to the undersigned’s participation in the Town sponsored activity specified herein and the undersigned hereby knowingly, intentionally and expressly: (1) assumes the risk for any such loss, damage, bodily injury or death; (2) Releases the Town and its officers, commissioners, employees and agents from all liability for any such loss, damage, bodily injury, or death; and (3) Waives any claim or cause of action which the undersigned may have against the Town or its officers, commissioners, employees and agents for any such loss, damage, bodily injury or death. Furthermore, if I, the participant, cannot be reached, I give my permission to the physician selected by the Recreation Department or program supervisor to hospitalize, acquire prompt treatment for, and to order injection, anesthesia, or surgery for myself.

NAME 1: _____ SIGNATURE 1: _____

NAME 2: _____ SIGNATURE 2: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL _____

NO. OF TIX _____ @ \$95 PER PERSON = TOTAL COST \$ _____. ENCLOSED IS MY **50% DEPOSIT OF \$ _____**. BALANCE DUE 45 DAYS BEFORE TRIP. MAKE CHECK (S) PAYABLE TO **WARREN PARKS & RECREATION, 50 CEMETERY ROAD, WARREN, CT 06754.** For **Office Use Only**—Check NO: _____