**Galesburg Railroad Days**

**Annual Parade ENTRY FORM**

**Friday, June 21, 2019**

**Parade Line Up begins at 5pm - Parade begins at 6:15pm**

**Line up starts on the corner of N. Seminary St. and Ferris St.**

**NAME OF PARADE ENTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Organization, Firm or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how you prefer to be contacted: \_\_\_\_ phone \_\_\_\_ text \_\_\_\_ email \_\_\_\_ mail

Parade Entry Category – Please Select Only One (1):

\_\_\_\_ Vehicle \_\_\_\_ Float (Commercial) \_\_\_\_ Float (Non-Commercial)

\_\_\_\_ Marching/Equestrian \_\_\_\_ City, County, Fire Dept. or Armed Forces

\_\_\_\_ Other

Please describe the vehicle that will be used as your Parade Entry. (This helps determine the space and location required for your Parade Entry within the Parade line-up.) Examples: 1 truck pulling a trailer OR 35 kids marching behind small car:

Will your entry have music? \_\_\_\_ Yes \_\_\_\_ No (If Yes: \_\_\_\_ Live \_\_\_\_ Recorded)

Please describe your Parade Entry below so that our Parade Emcee may describe it as it passes during the Parade. (Please print or type) An extra page may be used, but the text should be limited to items that can be announced within 20 seconds.

I have read and will comply with the parade rules as stated on the “General Information” sheet:

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Galesburg Railroad Days**

**Annual Parade**

**RELEASE AND INDEMNITY AGREEMENT**

**Friday, June 21, 2019**

**Parade Line Up begins at 5pm - Parade begins at 6:15pm**

**RELEASE STATEMENT RELATING TO GALESBURG RAILROAD DAYS PARADE:**

**The Undersigned Individual** does hereby forever release, discharge and acquit Galesburg Railroad Days, their board members, committee members, volunteers, agents, heirs, executors, administrators, successors and assigns from any and all claims, demands, liabilities, actions, causes of action the undersigned has, has had, or might ever have, for or by reason of damage, loss or injury either to person or property, or both whether known or unknown, now existing or hereafter arising or accruing to any of the undersigned as a result of the activity(ies) by undersigned or any of its staff, volunteers, or helpers, whether paid or unpaid, regarding the event and in connection with the above mentioned promotion. The undersigned does hereby voluntarily assume all risks of accident and injury to the person and property of the undersigned.

**It Is Understood** and agreed that it is the intent of the undersigned to waive, release and relinquish all claims and actions which said undersigned might ever have against Galesburg Railroad Days arising out of the participation in any festival event by said undersigned in connection with the above mentioned event, and to indemnify and hold Galesburg Railroad Days harmless from any such claims and actions by said undersigned or by any other party.

**Participant further agrees** that if any individual involved in the activities of the Event are an employee of the Participant, that Participant shall procure WORKER’S COMPENSATION COVERAGE on all employees involved or included in the event.

Dated this\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019

PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_