

Osoyoos Festival Society





Parade Entry Form

| Organization/Applicant: | | | | | | | | | |
|---|-----------------|-----|------------|---|-----------|--|--|--|--|
| Contact person: | | | | | | | | | |
| Mailing address: | | | | | | | | | |
| Phone #: | E-Mail Address: | | | | | | | | |
| Will your entry be: | On foot | Car | Truck | Float | Golf Cart | | | | |
| Entry title/theme: | | | | Music: Yes No | | | | | |
| Length of entry: | | | | | | | | | |
| Does your entry have: | | | | | | | | | |
| Animals: Yes No | No How many: | | What kind: | Do you have insurance for your animal: Yes No | | | | | |
| Put an "X" in the category box which best describes your entry: Business/Commercial Independent – Not affiliated with any Service Group or Business Service Club/Community Groups – eg Scouts, etc, Churches, Seniors, SPCA, Search & Rescue, etc. | | | | | | | | | |
| Please describe your entr | γ: | | | | | | | | |



Osoyoos Festival Society Cherry Fiesta/Canada Day Parade



Release Form

In consideration of the Town of Osoyoos and the Osoyoos Festival Society permitting participation in the Cherry Fiesta/Canada Day Parade, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that the participant may have against the Town of Osoyoos, the Osoyoos Festivals Society, and their directors, officers, employees, agents, representatives, and any volunteers in any way associated with the Parade, all of whom are herein collectively referred to as the "Releasees".

TO RELEASE THE RELEASEES FROM AND ALL LIABILITY for any loss, damage, injury or expense that may be suffered as a result of participation in the Parade due to any cause whatsoever, including any negligence on the part of the Releasees.

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for property damage or personal injury to any third party resulting from participation in the event, and

THAT THIS RELEASE OF LIABILITY shall be effective and binding up the Participant, heirs, next of kin, executor, administrators, and assigns in event of death.

| Dated this | day of | | | 2017 |
|-------------|--------|--------------|--|------|
| | | | | |
| Print Name: | | **Signature: | | |

**Important: If you are filling in this form online, we will obtain your signature when you report to the registration table at the Sun Bowl Arena on July lst, 2017.

Revised: April 4th, 2017 Page 2