



**Christmas Parade Date: Saturday, November 26, 2022 – 6:00 PM**

**Ensure that all participating sections from your organization are included.  
(Attach additional sheets as required.)**

**Organization Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**As the official representative of \_\_\_\_\_  
I agree that all participants from the above organization agree to abide by the  
Conditions for Participation as set forth by the City of Fort Oglethorpe.**

\_\_\_\_\_  
**Signature of Representative**                      **Printed Name**

\_\_\_\_\_  
**Title**                      **Cell**                      **E-mail**

**Names of Officers or Responsible Officials (Please Print)**

**1.** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**2.** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Person in charge during parade participation:** \_\_\_\_\_



## Entry Information

Parade Unit Description (Describe your Parade entry):

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Type of group (check all that apply):

- Float                      Number of Floats: \_\_\_\_\_  
   Number of Riders: \_\_\_\_\_ Number of Walkers: \_\_\_\_\_  
   Float Dimensions – Length: \_\_\_\_\_ Width: \_\_\_\_\_
- Truck                      Number of Trucks: \_\_\_\_\_
- Automobile              Number of Automobiles: \_\_\_\_\_
- Walking                    Number of Walking Participants: \_\_\_\_\_
- Band                        Estimated Number of Band Members: \_\_\_\_\_
- Animal                     Number of Animals: \_\_\_\_\_  
   Type of Animals: \_\_\_\_\_  
*Note: Organization is responsible for cleanup or  
containment and disposal of animal waste.*
- Other: \_\_\_\_\_

The undersigned, as the representative for the organization, certifies all members have signed the hold-harmless waiver, or copy thereof, and the organization maintains it on file.

This application is signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the undersigned on behalf of the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_



## **PARADE CONDITIONS FOR PARTICIPATION**

**The following guidelines are conditional to allowing participation in the parade:**

- 1. Each applicant will submit duly executed application for participation in the listed parade (referred to herein as the "Application").**
- 2. Each participant agrees to abide by the regulations provided in the Application and Guidelines.**
- 3. Each participant agrees to abide by the coordinating instructions to be provided to each participating organization.**
- 4. Each applicant acknowledges that the City of Fort Oglethorpe shall review each application and reserves the right of final approval for an applicant's participation in the parade.**

**In consideration of being permitted to participate in the event, each applicant agrees to be bound by and to comply with the following conditions and rules as well as the parade Guidelines:**

- 1. The undersigned, as the representative for the organization, does hereby Release the Fort Oglethorpe, its principals, and all representatives thereof, from all claims for damage, demands and actions whatsoever in any manner, because of participation in the parade or any associated activities.**
- 2. The undersigned understands the inherent risks involved in participation in the parade and accepts full responsibility for the risk in participating in the parade. The organization representative will have all participants sign the enclosed waiver and maintain it on file.**
- 3. The applicant will always fully comply with all ordinances, rules, laws, and regulations: federal, state, and local; in any way applicable to the parade and any associated activities. The applicant will always fully comply with all rules and regulations furnished to the undersigned at any time prior, during and after the parade.**

## **PARTICIPANT WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

I hereby make application for myself and my family members including those who may be minors and or business/club/organization, and guests to voluntarily participate in the Christmas parade in Fort Oglethorpe, Georgia. We understand that providing automobile, accident, personal injury and personal liability insurance is our responsibility and in lieu of providing an Insurance Coverage Certificate, we hereby certify that in the case of an accident, illness, personal injury or death, we will not hold the City of Fort Oglethorpe, its officers, agents, employees and volunteers responsible for any bodily injury, death or property damage. I hereby release any officer, agent, contractor, trustee employee or volunteer of City of Fort Oglethorpe for any claim or claims that might arise as a result of bodily injury, illness, death or property damage as a result of applicants participation in parade. I further agree to abide by the rules of the parade and in support of the parade, will require all participants to use good safety precautions during our participation.

The Undersigned expressly acknowledges that the activities of the parade (including pre-and post parade activities) may be dangerous and may involve the risk of serious injury, illness, death and/or property damage. The undersigned agrees to indemnify, defend and hold harmless the City of Fort Oglethorpe, any officer, agent, contractor, trustee employee or volunteer of City of Fort Oglethorpe.

This Waiver of Liability and Hold Harmless Agreement shall be governed by the laws of the State of Georgia. The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

By signing below, the participant has read and understands the waiver as described above and agrees to hold harmless the City of Fort Oglethorpe, its officers, agents, employees and volunteers associated with the parade of any liability. I also represent that I am authorized to sign this document on behalf of myself and family members including minor children and or business/club/organization and guest.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Business/Club/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**(Please return waiver with your application form.)**