

Labor Day Association Parade

September 3, 2018

9 AM Central / 10 AM Eastern

Boonville, IN

Ricky & Ashley Rush

8909 Marx Road

Evansville, IN 47720

812-454-0362/ 812-677-2789

Fax: 888-724-2533

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www.labordayassoc.com

ENTRY FORM

Entrant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Person Responsible for Entry: _____

Phone: _____ Fax: _____ E-Mail: _____

Float: _____ Band: _____

Business: _____ Political: _____

ALL ENTRIES MUST COMPLETE THIS INSURANCE WAIVER: We (I) hereby assume all risk of bodily injury or property damage that we (I) may incur in participating in the current year or any future years **Labor Day Association Celebration's Parade**, and we (I) hereby, for myself, my child, my heirs, executors and administrators do hereby express and forever waive and release any and all claims against and agree to hold harmless, indemnify and defend the **Labor Day Association Celebration's Parade**, the host city, and all their respective officers, employees, agents, representatives, successors and assigns of any kind from any and all claims which may be made for any cause whatsoever arising as a result of or in connection with the participation of me or my child in the herein mentioned event. We (I) am responsible for any and all damages this event may incur or cause during the event and am responsible for the safety of all participants on entry. In the event that third parties are involved in the construction, operation or participation on or connected with the entry, we (I) understand that by signing this waiver we (I) are assuming all liability connected with their participation and agree to hold harmless, indemnify and defend the **Labor Day Association Celebration's Parade**, the host city, and all of their respective officers, employees, agents representatives, successors or assigns of any kind for any and all claims which may be made for any cause whatsoever arising as a result of or in connection with the participation of said parties.

Signed: _____ (Print Name)

Title: _____ Date: _____