

APPLICATION PARADE PERMIT

Please Type or Print

File No.
Approved
Department Use Only

www.cityofwaterford.org

Please print all information clearly and return to the City of Waterford, 101 E Street, PO Box 199, Waterford CA 95386.				
APPLICANT				
MAILING ADDRESS (Street, City, State, Zip Code)				
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS	
MARCHING BAND UNIT—Number in Unit _ NON-COMMERCIAL FLOAT (School, group, VEHICLES (Motorized or other, not part of a single process) Number of vehicles in group	ERCIAL FLOAT (School, group, club, etc.) COMMERCIAL FLOAT Motorized or other, not part of a float) COMMERCIAL FLOAT OTHER ENTRY (Bicycles, wagons, golf-carts, etc.)			
ADDITIONAL COMMENTS:				
LENGTH OF LONGEST FLOAT (Including Tow Vehicle): ft. WILL FLOATS HAVE MUSIC / SOUND?: YES NO WHAT TYPE?				
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT: In exchange for the right to participate in the Parade, I hereby agree to indemnify and hold harmless the City of Waterford and its officers, employees, insurers, from and against all liability, claims, and demands, which are incurred, made, or brought by any person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kinds whatsoever, which arise out of or are in any manner connected with the activities, and all participants of the undersigned Organizations and any of its representatives or individual participants, whether such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the City of Waterford or their officers, or their employees, or their volunteers, from any other cause whatsoever. I further represent that I have individual and/or organizational insurance that covers myself, organization and individual members for all potential claims which might arise out of my/our participation in the Parade. I understand that the City of Waterford does not have any insurance coverage for myself and/or members of my organization. When signing below I certify that I've read and agree to the above Indemnification and Hold Harmless Agreement.				
SIGNATURE		DATE		