## PARADE ENTRY WAIVER OF LIABILITY

I, the undersigned, as group representative, hereby release, remise and forever discharge Fortville Winter Festival/Fortville Action, Inc., its officers and directors, severally or jointly, the Fortville Winter Festival Parade Committee, The Town of Fortville, and all volunteers of and from any and all liability, claims, actions and possible causes of action which may accrue to any member of the group from every and any loss, damage and injury (including death) that may be sustained while participating in the parade.

Application will be void if not accompanied by the waiver.

DATED:	_ Signed:		
NAME OF GROUP: _			
	HOLD HAR	RMLESS AGREEMENT	
(M	1UST BE SIGNE	ED BY PERSON IN CHARGE)	
participating in the F heirs, executors and any and all claims ag Action, Inc., The Tov representatives, suc	Fortville Winter Festi d administrators do h gainst and agree to h wn of Fortville, and al ccessors, or assigns o soever arising as a res	property damage that I/we may incur while tival Parade and I/we hereby, for myself, my child, referby, expressly and forever waive and release hold harmless the Fortville Winter Festival/Fortville all their respective officers, employees, agents, of any kind from any and all claims which may be mesult or in connection with the participation of me of	ade
SIGNATURE:		TITLE:	
Thank you for your a	application. Please m	nail to:	

Fortville Action, Inc.
Attn: Winter Festival Parade
P.O. Box 424
Fortville, IN 46040
FortvilleActionInc@gmail.com

## Fortville Winter Festival Parade Waiver of Liability

WAIVER: I voluntarily agree to participate in the Fortville Winter Festival Parade and acknowledge and understand that said activities may be hazardous to me, including risk of loss, property damage and personal injury to me and other participants associated with this application. I agree to hold Fortville Winter Festival/Fortville Action, Inc., The Town of Fortville, and approved volunteers harmless from any and all liability arising from loss or injury to me and/or the participants involved with this application as a result of participation in this activity.

Participant Name Signature	(Participant or Parent or Guardian)	Date
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