



# 2021 Winter Festival Parade Form

**Saturday, December 4  
1:00pm**

Name of Group \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please describe your parade entry in detail

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Our group will have \_\_\_\_\_ number of individuals in the parade

We will have \_\_\_\_\_ number of motorized vehicle(s) in our unit

Line up 12:00pm,  
Memorial Park  
Community Bldg  
Fortville, IN

**PARADE  
Starts at 1pm**

**More Info at:  
[Fortvilleaction.com](http://Fortvilleaction.com)**

Please complete and return no later than November 23, 2021

Mail to: Sharon Beatson  
Parade Coordinator  
Fortville Action Inc.  
PO Box 424  
Fortville, IN 46040

Or Email to: [Fortvilleactioninc@gmail.com](mailto:Fortvilleactioninc@gmail.com)



## 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 HARMLESS AGREEMENT (MUST BE SIGNED BY PERSON IN CHARGE)

I(we) assume all risk of bodily injury or property damage that I/we may incur while participating In the Fortville Winter Festival Parade and I/we hereby, for myself, my child, my heirs, executors and administrators do hereby, expressly and forever waive and release any and all claims against and agree to hold harmless the Fortville Winter Festival/Fortville Action, Inc., The Town of Fortville, and all their respective officers, employees, agents, representatives, successors, or assigns of any kind from any and all claims which may be made for any cause whatsoever arising as a result or in connection with the participation of me or my child in the herein mentioned event.

SIGNATURE: \_\_\_\_\_ TITLE \_\_\_\_\_

Thank you for your application. Please mail to:

Fortville Action Inc.  
Attn: Winter Festival Parade  
P. O. Box 424  
Fortville, Indiana 46040



## **FORTVILLE WINTER FESTIVAL PARADE WAIVE 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.

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Participant Name Print/Signature	(Participant or Parent or Guardian)	Date
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