



# Grand Valley Bank

## Parade Entry Form

September 22, 2018 • Line-up begins at 8:30 am • Parade starts at 10:00 am

### Theme: Celebrating Small Town America

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

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Number of people in group: \_\_\_\_\_ Estimated length: \_\_\_\_\_

Type of Entry:      Float      Band      Marching      Auto      Tractor  
 (Circle One)      Horses      Political      Other: \_\_\_\_\_

Brief Description for Announcer to say as your float passes by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return for to Fruita Fall Festival, Fruita Area Chamber of Commerce: 432 E Aspen Ave, Fruita, CO 81521 or email to: [events@fruitachamber.org](mailto:events@fruitachamber.org) by Tuesday, September 18, 2018. Call (970) 858-3894 for more information or visit [www.fruitafallfestival.com](http://www.fruitafallfestival.com).

**MUST ALSO SIGN WAIVER ON BACK OF APPLICATION.**



**Waiver & Release of Liability and Assumption of Risk Agreement**

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the 2018 Grand Valley Bank Fruita Fall Festival Parade and related activities, I, for myself, my successors, heirs, assigns, executors, and administrators:

Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them unsafe, I will immediately advise the person supervising the event, activity, facility or area;

Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity.

Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity;

Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against the Fruita Area Chamber of Commerce and the City of Fruita, agents or employees, sponsors, and agents attributable to my participation in the event or activity;

Release, waive, discharge and relinquish the Fruita Area Chamber of Commerce and the City of Fruita officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise;

Agree that photographs, pictures, slides, movies or videos of my may be taken in connection with my participation in this event or activity without compensation from the Fruita Area Chamber of Commerce and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;

Warrant that I am in good health and have no physical condition that would prevent me from participating in this event or activity;

Acknowledge that the Fruita Area Chamber of Commerce and the City of Fruita are not joint sponsors, joint ventures, partners, or otherwise jointly engaged in the above named event or activity.

THIS DOCUMENT RELIEVES THE FRUITA AREA CHAMBER OF COMMERCE AND THE CITY OF FRUITA AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

**ALL PARTICIPANTS SIGN BELOW (make copies for additional signers):**

PRINTED NAME

SIGNATURE

DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_