

CONNELL FALL FESTIVAL

September 10, 2016

Parade Entry Form

Entry Name: _____

Name of Contact Person: _____ Phone: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Description of entry:

Please indicate the number of people in your entry: _____

Entries received by the September 1st deadline will be assigned a number which can be picked up at check-in. Any entries received after September 1st will be placed in the remaining available openings.

A certificate of insurance is required from your insurance company naming the **Connell Fall Festival** as additional insured. Vehicles must furnish proof of insurance. Please send a copy of your insurance with this form or e-mailed by September 1, 2016 to **connellfallfestival@yahoo.com**

Hold Harmless Agreement:

In consideration of the acceptance of the right to participate, entrants by execution of this entry form, release and discharge Connell Fall Festival, the State of Washington, Franklin County, the City of Connell, the Chamber of Commerce, directors, trustees, employees, representatives, volunteers, and servants, and anyone else connected with the Connell Fall Festival of and from any and all known damages, injuries, losses, judgments, and/or claims for any cause whatsoever that may be suffered by entrant's person or property. Further, each entrant expressly agrees, to the extent permitted by law, to indemnify and hold harmless all of the foregoing entities, firms, persons, and bodies, of and from any and all liability occasioned by or resulting from the conduct of entrants or any participants under the direction or control of entrants. Entrants must be 18 years of age or have signed parent or legal guardian permission. I have read this application and agree to all conditions to participate in the Connell Fall Festival and to the rules governing the event as set forth on this form and to observe all rules and decisions of event management.

Name: _____ Signature: _____ Date: _____

Legal Guardian (if applicable) _____ Signature: _____ Date: _____

**Mail To: Connell Fall Festival
PO Box 625
Connell, WA 99326**

The **Hold harmless Agreement** must be signed and dated. Entries not signed will be returned.

If you have any question please contact us at: **connellfallfestival@yahoo.com**

**Check in begins @ 9:00 a.m. at the north end of town – Line up by 10:00 a.m.
Judging @ 10:15am- Grand Parade Starts @ 11:00 a.m.**