



Parade Application 2017

Contact Information

Organization Name	
Contact Name	
Address	
Phone	
E-Mail Address	
Website if any	

Detailed Description of Vehicle or float **more room on back of application*

Person to Notify in Case of Emergency

Name	
Phone	

LIABILITY WAIVER

I, the registrant or parent/guardian of the registrant agrees that I will abide all local, federal and state laws. Recognizing the possibility of physical injury associated with the activity and in consideration of the Rising Sun Chamber of Commerce, the Sunfest Committee, the Community Fire Company of Rising Sun, the Town of Rising Sun and the employees, officers, directors, agents, successors and assigns of said parties from any claims resulting from the registrant’s participation in the event. I acknowledge that the Rising Sun Chamber of Commerce does not carry accident and health insurance and assure the Rising Sun Chamber of Commerce that the registrant is fully covered by medical insurance.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	