

**2015 River Falls Days Parade Participation Waiver  
River Falls Area Chamber of Commerce & Tourism Bureau**

I, the undersigned, have agreed for my own benefit to participate in various events and activities during the year 2015 in connection with and/or under the directions of the River Falls Days celebration and the River Falls Area Chamber of Commerce & Tourism Bureau.

I understand that inherent in my participation in such events and activities, such events to be included without limitation, parades, is the risk of serious personal injury and property damage to myself and all others under my direction and control, and to my property under my direction and control. I hereby waive and release any claim I have or may have in the future against River Falls Days or the River Falls Area Chamber of Commerce & Tourism Bureau, and any of their officers, whether or not caused in whole or in part by negligence of such officer, directors, employees, agents and volunteers, which occurs during or as a result of my participation in any of the events and activities held in connections with and/or under the director of the above-referenced entities. I understand that the negligence of myself, or a participant, results in injury to others or damage to property, the River Falls Area Chamber of Commerce & Tourism Bureau shall be held harmless and will indemnify the participant. Furthermore, in the event I agree to operate a vehicle in connection with any of the events and activities held in connection with and/or under direction of River Falls Days and the River Falls Area Chamber of Commerce & Tourism Bureau, I represent that I am validly licensed to drive such vehicle in the events and /or activities and that I have purchased automobile insurance and have liability limits of at least \$100,000/\$300,000.

**All participants, including unit drivers, float personnel, members of novelty units, and riders and drivers of horse units must sign and submit this form to the River Falls Area Chamber of Commerce & Tourism Bureau prior to the event specified. Organizations must make additional copies of this form for signature by each participant and return prior to the parade.**

Name of Unit Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_