

Dryden Boom Day Parade

Saturday, September 23, 2017

Name of Organization: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Categories (Line up begins at 10:00 a.m. at Elementary School. Parade begins at 11:00)

- | | | | | |
|---------------------------------|--|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Music | <input type="checkbox"/> Clubs & Organizations | <input type="checkbox"/> Youth Groups | <input type="checkbox"/> Business | <input type="checkbox"/> Autos |
| <input type="checkbox"/> Church | <input type="checkbox"/> Tractor | <input type="checkbox"/> Walking | <input type="checkbox"/> Horse | <input type="checkbox"/> Politician (\$75.00) |

Entry Information:

walking _____ # autos _____ # tractors _____ #floats _____

Please provide information you would like announces: _____

PARADE PARTICIPANT WAIVER OF LIABILITY

I/WE _____ AGREE TO HOLD HARMLESS THE VILLAGE OF DRYDEN, ANY OFFICIAL AND/OR GROUP OF THE DRYDEN BOOM DAYS PARADE FROM ANY CLAIM, DEMAND, SUIT, LOSS, COST OF EXPENSE, OR ANY DAMAGE WHICH MAY BE ASERTEED, CLAIMED OR RECOVERED AGAINST OR FROM THE VILLAGE OF DRYDEN, ANY OFFICIALS AND/OR GROUP OF THE DRYDEN BOOM DAYS PARADE BY RESON OF ANY DAMAGE TO PROPERTY, PERSONAL INJURY OR BODILY INJURY, INCLUDING DEATH, SUSTAINED BY ANY PERSON WHOMESOEVER AND WHICH DAMAGE, INJURY, OR DEATH, ARRISES OUT OF OR IS INCIDENT TO OR IN ANY WAY CONNECTED WITH THE PERFORMANCE OF THIS CONTRACT, AND REGARDLESS OF WHICH CLAIM, DEMAND, DAMAGE, LOSS, COST OF EXPENSE IS CAUSED IN WHOLE OR IN PART .

Participant Signature

Date:

Please return application to Dryden Fire Dept. PO BOX 238, Dryden, MI 48428
Phone: 810-796-3050/Fax: 810-796-3717/www.drydenfiredepartment.com