

THE CITY OF FOSTORIA

OFFICIAL HALLOWEEN PARADE REGISTRATION FORM

RETURN THIS FORM TO THE MAYOR'S OFFICE BY MAIL
 213 SOUTH MAIN STREET, FOSTORIA 44830
 IN PERSON BETWEEN THE HOURS OF 8:00 AM AND 5:00 PM
 OR VIA EMAIL TO ADMIN@FOSTORIAOHIO.GOV
 BY FRIDAY, OCTOBER 19, 2018

The City of Fostoria is excited to host the fun and festive tradition of the annual Halloween Parade in downtown Fostoria on Sunday, October 28, 2018 at 5:00 pm.

Parade assembly will begin at 4:00 pm at the intersection of Main, Perry and Sandusky streets. You will receive a placement confirmation and parade map by Friday, October 26.

*Please note: Absolutely **no** candy may be thrown or tossed from any moving vehicle or float. However, we welcome walkers to accompany your float/vehicle and pass out candy to the crowd.*



NAME OF UNIT _____

CONTACT PERSON _____

EMAIL _____

DAY-OF PHONE _____

ADDRESS _____

PLEASE CIRCLE ALL THAT APPLY:

INDIVIDUAL	PERFORMANCE	MARCHING BAND	VEHICLE
BUSINESS	GROUP	PERFORMANCE	NONPROFIT
POLITICAL	MUSIC	HORSE(S) (MUST BE BAGGED)	FLOAT
OTHER (PLEASE DESCRIBE)	_____		

ARE YOU ENTERING THE FLOAT JUDGING CONTEST? YES NO

ENTRY FEE IS \$25, UNLESS YOU ARE A NON-PROFIT ORGANIZATION. PAYMENT MUST BE INCLUDED WITH FORM TO BE CONSIDERED. CASH AND CHECKS MADE PAYABLE TO "VISION 2020" ARE WELCOME. ALL DONATIONS ARE TAX DEDUCTIBLE. WE ARE A 501(C)(3) NONPROFIT ORGANIZATION WORKING WITH VISION 2020, INC.

SIGNATURE

DATE

OVER PLEASE: COMPLETE PAGE 2

**CITY OF FOSTORIA, OHIO
LIABILITY WAIVER**

THE UNDERSIGNED IS AN INDIVIDUAL OR A DULY AUTHORIZED REPRESENTATIVE OF _____,
LOCATED AT _____
WHO HAS THE POWER AND AUTHORITY TO LEGALLY BIND THAT ORGANIZATION, AND DOES SO BY SIGNING THIS WAIVER.

IF THE UNDERSIGNED IS REPRESENTING AN ORGANIZATION, THEN THE UNDERSIGNED IS SIGNING THIS LIABILITY WAIVER ON BEHALF OF THE ORGANIZATION, ITS OFFICERS, DIRECTORS, MANAGERS, EMPLOYEES, AGENTS, SHAREHOLDER, PARTNERS (GENERAL AND LIMITED), BE THEY PAST OR PRESENT.

THE UNDERSIGNED IS SIGNING THIS LIABILITY WAIVER AND INTENDS FOR THIS WAIVER TO APPLY TO HIS OR HER EXECUTORS, ADMINISTRATORS, HEIRS, PERSONAL REPRESENTATIVES, SUBROGEEES, ATTORNEYS, SUCCESSOR(S) IN INTEREST AND ANYONE ELSE CLAIMING BY AND THROUGH THEM.

BY SIGNING THIS LIABILITY WAIVER, THE UNDERSIGNED AGREES TO PARTICIPATE IN THE FOLLOWING CITY OF FOSTORIA, OHIO ACTIVITY *2018 CITY OF FOSTORIA HALLOWEEN PARADE*.

BY SIGNING THIS LIABILITY WAIVER, THE UNDERSIGNED, INDIVIDUALLY OR ON BEHALF OF THE ORGANIZATION STATED ABOVE, HEREBY IRREVOCABLY WAIVES, RELEASES, ACQUITS, AND FOREVER DISCHARGES THE CITY OF FOSTORIA, OHIO, ITS ELECTED OFFICERS/EMPLOYEES/AGENTS (BOTH PAST AND PRESENT) OF AND FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, CHARGES, COMPLAINTS, CONTROVERSIES, ACTIONS, CAUSES OF ACTION, AND SUITS AT LAW OR IN EQUITY, OF ANY KIND OR NATURE WHATSOEVER, KNOWN OR UNKNOWN, ASSERTED OR UNASSERTED, SUSPECTED OR UNSUSPECTED, INCLUDING WITHOUT LIMITATION ANY CLAIM WHICH CAN BE RAISED IN A COURT OF LAW OR ANY OTHER FORUM, AND ANY CLAIM UNDER ANY LOCAL, STATE OR FEDERAL STATUTE, AND ANY CLAIM UNDER ANY OTHER STATUTORY, ADMINISTRATIVE, CONSTITUTIONAL, CONTRACTUAL, COMMON LAW OR OTHER LEGAL OR EQUITABLE THEORY WHATSOEVER IN CONNECTION WITH PARTICIPATION IN THE ACTIVITY STATED ABOVE.

THE UNDERSIGNED IS SIGNING THIS LIABILITY WAIVER KNOWINGLY, VOLUNTARILY AND INTELLIGENTLY, AND IN EXCHANGE FOR VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS ACKNOWLEDGED. THE UNDERSIGNED REALIZES THIS IS A BINDING CONTRACT, HAS READ IT CAREFULLY, AND RECOGNIZES THERE ARE NO OTHER AGREEMENTS THAT ARE NOT CONTAINED IN THIS LIABILITY WAIVER.

SIGNATURE

APPROVED AS TO FORM ONLY:

PRINTED NAME

DIRECTOR OF LAW

DATE