

**Acceptance of Entry Requirements,
Liability Release and Hold Harmless**

In consideration of the acceptance of the entry of _____
Name of Entry
to the Chasco Fiesta™ Street Parade, I,

am an authorized representative of _____
Name of Organization

do agree as follows:

1. I am at least 18 years of age, a member of the above-named organization, and authorized by said organization to sign this agreement on its behalf. My organization is aware of this agreement and agrees to be bound by its terms and conditions.
2. For my organization, its owners, members, successors and assigns, I do hereby release and forever discharge Chasco Fiesta™, Inc. and the City of New Port Richey, Florida, including their past, present and future members, owners, employees, officers, directors, principals, parents, subsidiaries, affiliates, associated corporations, agents, partners, representatives, predecessors, heirs, legal representatives, successors and assigns, from any and all causes of action, claims and demands of any type whatsoever arising from or related to any damage, loss or injury which may be sustained by my organization as a result of participating in the Chasco Fiesta™ Street Parade.
3. For my organization, its owners, members, successors and assigns, I do hereby agree to indemnify and hold harmless Chasco Fiesta™ Inc. and the City of New Port Richey, Florida, including their past, present and future members, owners, employees, officers, directors, principals, parents, subsidiaries, affiliates, associated corporations, agents, partners, representatives, predecessors, heirs, legal representatives, successors and assigns, from and against all actions, claims, demands and liabilities, loss, damages and expense of any type, including attorney fees, which may be sustained by reason of my organization as a result of participating in the Chasco Fiesta™ Street Parade.
4. This release extends to and includes all known, unknown, disclosed, undisclosed, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities and the consequences thereof.

Name of Organization

Signature of Authorized Representative

Date

Please print name

Witness

Please print name