

# Labor Day Association Parade

## September 4, 2017

### 9 AM Central / 10 AM Eastern

### Princeton, IN

**Ricky Rush**

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**Evansville, IN 47720**

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## ENTRY FORM

Entrant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Person Responsible for Entry: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Float: \_\_\_\_\_

Band: \_\_\_\_\_

Business: \_\_\_\_\_

Political: \_\_\_\_\_

**ALL ENTRIES MUST COMPLETE THIS INSURANCE WAIVER:** We (I) hereby assume all risk of bodily injury or property damage that we (I) may incur in participating in the **Labor Day Association Celebration's Parade**, and we (I) hereby, for myself, my child, my heirs, executors and administrators do hereby express and forever waive and release any and all claims against and agree to hold harmless, indemnify and defend the **Labor Day Association Celebration's Parade**, the City of Princeton, Indiana and all their respective officers, employees, agents, representatives, successors and assigns of any kind from any and all claims which may be made for any cause whatsoever arising as a result of or in connection with the participation of me or my child in the herein mentioned event. We (I) am responsible for any and all damages this event may incur or cause during the event and am responsible for the safety of all participants on entry. In the event that third parties are involved in the construction, operation or participation on or connected with the entry, we (I) understand that by signing this waiver we (I) are assuming all liability connected with their participation and agree to hold harmless, indemnify and defend the **Labor Day Association Celebration's Parade**, City of Princeton, Indiana and all of their respective officers, employees, agents representatives, successors or assigns of any kind for any and all claims which may be made for any cause whatsoever arising as a result of or in connection with the participation of said parties.

Signed: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Title: \_\_\_\_\_

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