



SOUTH SHUSWAP CANADA DAY

P.O. Box 1, Blind Bay, BC V0E 1H0

**Mail To: Sonya Barrett, 2610 Summit Drive,
Blind Bay, BC V0E 1H2, Phone 250.675.5044
Email: parade@shuswapcanadaday.com**

CANADA DAY PARADE ENTRY FORM 2013

2013 Theme: "Soar Into the Future"

Parade starts at Glenview & Balmoral Roads. Be there at 8:45am. Judging at 9:15am
Please ensure form is sent in by June 15, 2013

I/We wish to participate in the South Shuswap Canada Day Parade and agree to the following:

HOLD HARMLESS CLAUSE:

In consideration of the acceptance of the right to participate, participants, by execution of this form, release and discharge the South Shuswap Canada Day Society, all the sponsors, and as applicable, their officers, directors, employees, agents, representatives and servants, and anyone else connected with management or presentation of the South Shuswap Canada Day parade and from any and all known or unknown damages, injuries, losses, judgment, and/or claims from any cause what-so-ever that may be suffered by any participant to his person or property. Further, each participant expressly agrees to indemnify all of the forgoing entities, firms, persons, and bodies of and from any and all liability, including attorney's fees, occasioned or resulting from the conduct of the participants or any person assisting or co-operating with the participant and under the direction or control of participant. The promoters will do all in its power to cooperate with participants to ensure a successful event. We ask that you please do the same. Kindly observe all Provincial and local ordinances, all safety and traffic regulations, safety rules and fire ordinances. By signature here to, I (we) acknowledge that I (we) have read and agree to all the rules and conditions of the South Shuswap Canada Day Society and rules governing the South Shuswap Canada Day Parade as set forth on this form, and I(we) agree to observe all rules and decisions of the event promoters.

PLEASE READ THE ABOVE CAREFULLY, SIGN then return this form to the registration personnel.

Signature: _____ **Name:** _____

Business

Non-profit Organization or Group

Name of Entrant or Organization: _____

Name of Contact Person: _____

Phone Numbers: _____

Email Address: _____

Brief Description: _____

Please select category for your entry. Only check one.

--- Float --- Entertainer --- Motorcycle --- Bicycle

--- Other Motorized Units --- Marching Units --- Marching Band

--- Horses --- Horse and Wagon --- Dog or other 4 legged animal