

2017 St. Patrick's Day Parade, Downtown Racine Saturday, March 18th, 2017 at 12 p.m.

PARADE APPLICATION

Please Print or Type all Information:

Organization or Company: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone Number: _____ E-mail Address: _____

Alternate Contact: _____ Phone Number: _____ E-mail Address: _____

Please list your entry category. There is a nominal entry fee in the amount of \$25 for all businesses and organizations that are not members of the Downtown Racine Corporation. This fee helps to defray a portion of the permit fees and other costs to host this great community event.

- DRC Member (no entry Fee)
- Non- DRC Member or Business (\$25 fee)
- Non-Profit, School or Organization (\$25 fee)
- Yes, I would like to support the St. Patrick's Day Parade with an additional donation.
- I would like my contribution to remain anonymous

Total Enclosed \$ _____

Describe your parade entry: We need to ensure that there is enough room for everyone in the staging area and along the parade route, so be as specific as possible. Your organization is responsible for proper insurance on all vehicles in your entry. Only vehicles, floats or items reported on your application will be allowed in the parade. We would encourage groups to limit their size to approximately 15-20 people.

Total length in feet of your entry _____ Number of people in your entry _____ How many vehicles? _____

Will your entry have music? ___Yes ___No If yes: ___Live ___Recorded

Will you need a car provided to you? ___Yes ___No Will you need a driver? ___Yes ___No

How will you make your way down the parade route? ___Car ___Float ___Walking _____Other

Applicant agrees to indemnify and hold harmless the Downtown Racine Corporation from all costs and damages incurred by DRC as a result of any and all negligence, intentional acts or errors and omissions committed by any of Applicant's employees, agents or representatives in conjunction with their participation in the Downtown Racine St. Patrick's Day Parade.

Applicant Signature: _____ Date: _____

DEADLINE FOR REGISTERING IS MONDAY, MARCH 6

Please complete this form and the attached waiver and return both to:
Downtown Racine Corporation
425 Main Street
Racine, Wisconsin 53403
Fax: 262-634-1504

WAIVER AND RELEASE OF LIABILITY
DOWNTOWN RACINE ST. PATRICK'S DAY PARADE

In consideration of participation in the 2017 Downtown Racine St. Patrick's Day Parade, I acknowledge, understand, and agree that:

1. I, for myself and on behalf of my heirs, personal representatives, and next of kin, or anyone else who might claim on my behalf, hereby RELEASE, HOLD HARMLESS, AND COVENANT NOT TO SUE the Downtown Racine Corporation, its Board members, and all volunteers associated therewith, as well as the City of Racine, its departments, employees, representatives, and agents for all claims of negligence for injury, disability, death, or loss or damage to person or property arising out of my participation and arising out of the conduct of myself and others in conjunction with the parade, the pre-parade formation, staging, placement, judging, organizational meetings, post-parade ceremonies and any other parade event sanctioned by the Downtown Racine Corporation and the City of Racine.
2. I am aware of and understand the risks, hazards and dangers associated with parade participation, including those specified below, and I nevertheless choose to participate in the parade and fully assume responsibility for my own participation.

**RISKS, HAZARDS AND DANGERS
ASSOCIATED WITH PARADE PARTICIPATION**

Parades involve risks, hazards and conditions that may be dangerous and pose a serious risk of injury that can arise in many ways, including: The presence of horses and other animals, motor vehicles, machinery, firearms, floats, fireworks, acrobats, projectiles, aerial demonstrations, baton twirling, wind, rain, hail and other weather forces, and other threats to life and limb, such as the possibility of slipping and falling on the ground or off of a float and complications associated with weather conditions and physical exertion (such as fainting, collapse, exhaustion or other more serious complications).

I HAVE READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS TERMS AND ACKNOWLEDGE THAT I GIVE UP CERTAIN RIGHTS BY SIGNING IT AND SIGN IT VOLUNTRAILY WITHOUT INDUCEMENT OR COERCION.

Participant's Signature: _____ Date: _____

Name (Print/Type): _____

Organization: _____

Address: _____

For participants 17 years of age or younger: I am the parent/guardian of the above-named participant who is a minor and consent on his/her behalf to the terms of this waiver and release.

Parent/Guardian Signature: _____ Date: _____

Name (Print/Type): _____

Emergency contact/phone number _____