

OFFICIAL 2008 LYNCHBURG CHRISTMAS PARADE PARTICIPANT REGISTRATION FORM

Official Organization Name and Address:

Name _____

Street/P.O. Box _____

City, State, Zip _____

Name of Official Organization Contact

Name _____ Daytime Phone No. _____

Street/P.O. Box _____

City, State, Zip _____

E-mail _____

Official Category (Check only one category please):

- Antique/Classic Vehicle Club - \$100
- Antique Vehicle Individual - \$25
- Cheerleaders - \$25
- Clown Group - \$25
- Dignitaries - Donation requested
- Drill Teams - \$50
- Float Small Business (< 50 employees) - \$50
- Float Commercial (> 50 employees) - \$100
- Float Non-Commercial (Civic group) - \$50
- Marching Band – See Marching Band Registration Form
- Marching Unit - \$25
- Equestrian Units - \$50
- Music Other Than Bands - \$50
- Unique Commercial - \$100
- Unique Non-Commercial - \$50

Please provide a brief description of your entry. Access to the parade entry may be based on adherence to the parade theme.

A SEPARATE APPLICATION IS REQUIRED FOR EACH ENTRY

WAIVER AND IDEMNITY AGREEMENT

In consideration of the approval by the Lynchburg Fire & EMS Foundation, Inc. of the undersigned's application to be an authorized participant (either paid or volunteer) in the public celebration and festivities of the 2008 Lynchburg Christmas Parade to be held, Saturday, December 6, 2008, on or in various public streets, parts, and other property owned and/or controlled by the City of Lynchburg, Virginia and or the Commonwealth of Virginia, the undersigned does hereby elect to participate in the said activities and the preparations therefore, and recognizes and voluntarily assumes any and all risks attendant to being present as a spectator, entertainer and/or participant in all such activities, including the public parade and the vehicular and pedestrian traffic and crowds of persons likely to attend such outdoor public entertainment, and recognizing such risks and also recognizing that the said event is a civic endeavor organized by unpaid volunteers who donate their time and efforts as a public service to the citizens and visitors of Lynchburg; therefore, the undersigned (both individually and on behalf of the members of the group or organization for which this waiver and indemnity is executed) does hereby waive any and all claims or causes of action of every kind in nature that may now or hereafter exist or arise in favor of the undersigned (or any members of the undersigned's group or organization) against the Lynchburg Fire & EMS Foundation, Inc., its officers, directors and/or members, that result or in any manner are connected with the undersigned's participation in (including all time spent in preparation for) the aforesaid parade, and the undersigned (including a group or organization, as aforesaid) does hereby agree to hold the said corporation, its officers, directors and/or members harmless, and to indemnify and hold harmless and defend them from and against any and all suits, demands, or claims and all costs, losses, liabilities, settlements (whether voluntary or otherwise) and judgments incurred in connection therewith, including attorney's fees and court costs, including without limitation all claims, demands and suits for damages or injuries, including death, to any and all persons or property, whether real or asserted and whether arising in equity, at common law, or by statute, or under the laws of contracts, torts (including without limitation, negligence, and strict liability without regard to fault) or property, of every kind or character, and whether or not due in whole or in part to lessor's sole or concurrent negligence or other fault, breach of contract or warranty, violation of statute, or strict liability without regard to fault, based upon, in connection with, resulting from or arising out of the undersigned's voluntary or paid participation in (including all time spent in preparations for) the said civic celebration.

SUBMISSION OF APPLICATION BY OFFICIAL ORGANIZATION REPRESENTATIVE

I am the **official representative** of the organization named in Item 1 above. On behalf of the organization I acknowledge our responsibilities as set out in the Waiver and Indemnity Agreement.

Signature of Official Organization Representative

Dated and Signed this the _____ day of _____, 2008.

Printed or Typed Signature

COMPLETE AND RETURN THIS FORM AND ATTACH PAYMENT BY FRIDAY, NOVEMBER 28.
LYNCHBURG FIRE & EMS FOUNDATION, INC., Attn: Jeannie O'Brien, 800 MADISON ST.,
LYNCHBURG, VA 24504