



HOQUIAM ELKS LODGE GRAND PARADE ON LOGGERS PLAYDAY APPLICATION FORM

**Submit applications by August 30, 2019, 5:00 pm (preferred for lineup)
Parade starts at NOON on the first Saturday after Labor Day weekend**

NAME OF SPONSOR: _____

NAME OF ENTRY: _____

PERSON IN CHARGE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

EMAIL: _____

WEBSITE: _____

Will you be playing music? Yes ___ No ___

CATEGORY

(Please check only ONE category)

DESCRIPTION OF UNIT:

(IMPORTANT: Please try to get as close as possible in your measurements. If in doubt, add additional feet. Please note that adding additional vehicles after application due date may not ensure placement with your entry.)

LENGTH _____ **WIDTH** _____

HEIGHT _____ **NUMBER OF PEOPLE** _____

NUMBER OF VEHICLES _____

PLEASE NOTE ANY SPECIAL REQUIREMENTS:

**HOQUIAM ELKS GRAND PARADE
RELEASE LIABILITY AND HOLD HARMLESS
AGREEMENT**

I/We, in consideration of entry and participation in the Hoquiam Elks Grand Parade, shall release, indemnify, and hold harmless the Hoquiam Elks Lodge #1082, the City of Hoquiam, and their respective officers, agents, officials, employees, and volunteers, if any, from any and all claims, injuries, actions, damages, losses, or suits including any and all actual and consequential damages and all expense, costs, loss, claim, or liability arising from reasonable attorney's fees, which arise out of, are connected with, or due to any errors, omissions, or negligent acts associated with entry and participation in the Hoquiam Elks Grand Parade.

NOTE: Authorized signature shown below must be made by a person 18 years of age or older or by a parent /guardian of a minor.

I/We acknowledge that parade officials reserve the right to reclassify entries into other categories, and that the categories listed may be subdivided for judging purposes.

I HEREBY DECLARE that I am 18 years of age, or older, and that I have read the above statement and understand the consequences of signing this Release Liability and Hold Harmless Agreement Form.

Date: _____ Name of Entrant: _____

AUTHORIZED SIGNATURE: _____

Name of Organization (if applicable): _____

City, State, Zip Code: _____

Telephone Number: _____

E-Mail: _____

