



2018 Lighting of the Night Parade

Saturday, December 1st

Parade will begin at 6:30pm

Deadline for entry form is **Wednesday, November 28, 2018**

Please return this form to Galt Parks & Recreation –

Attn: Jackie Garcia, Special Events Manager

610 Chabolla Avenue, Galt CA 95632

For more information contact the Galt Parks & Recreation Dept. at 209-366-7180

www.ci.galt.ca.us

galtpandr@ci.galt.ca.us

PARTICIPANT INFORMATION – *No Entry Fee*

Organization / Group / Individual Name: _____

Type of Entry: _____

Person in Charge of Group on Parade Day: _____

Day Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

How many people in your unit? _____ Children (under 13) _____ Adults (13 & above) _____

Will your unit have an element of sound? (Music, drums, singing, etc). **YES** _____ **NO** _____

The sound will be: Very Soft _____ Moderate _____ Loud _____ Very Loud _____

Horse Entry (s) *Please list Rider (s) and their Horse (s) name (s) _____

Rules / Regulations – No individual or group shall be in possession or consume any alcoholic beverage during the line-up or parade. A Fire Extinguisher is required when pulling a float. This is not a professional parade and is intended for the enjoyment of the community.

Parade Agreement and Injury Disclaimer

I / We do hereby agree by all terms set forth in the Lighting of the Night Parade also understand all entrants participate at their own risk and will not hold the City of Galt responsible for any loss, damage or personal injury incurred during the course of my / our participation.

Signature of Participant: _____ Date: _____

Title: _____ Phone Number: _____

Please contact the Parks & Recreation Dept. at 209-366-7180 for more information.

We thank you for your participation.



**CITY OF GALT
2018
LIGHTING OF THE NIGHT
PARADE**

PARTICIPANT AGREEMENT

ORGANIZATION NAME: _____

RESPONSIBLE/RENTER NAME: _____

ACTIVITY: _____

ADDRESS: _____ CITY: _____

PHONE NUMBER: _____ ALT PHONE: _____

I understand that there are inherent risks involved in the participation in the above activity, including but not limited to those associated with weather conditions, equipment and other participants.

I agree to fully assume any and all risks and responsibilities associated with the participation in said activity. I further agree to waive any and all claims that I may have against the City of Galt, its officers, supervisors, employees, agents and volunteers arising out of any personal injury or property damage that is incurred during said participation. In addition, I agree to indemnify the City of Galt, its officers, supervisors, employees, agents or volunteers from and against any and all liability or loss, damage, claims, expenses and costs, including without limitation attorneys' fees, related to any claim that may be filed concerning, on behalf of, or for myself and/or any other person or entity either now or in the future, that results from or is connected in any way with participation in the activity.

RESPONSIBLE/RENTER SIGNATURE: _____

DATE: _____