



BAKER BUFFALO FESTIVAL PARADE REGISTRATION FORM

Saturday, SEPTEMBER 23, 2017
Line up 9:00 AM Parade 10:00 AM

Name of Organization _____

Contact Person _____

Mailing Address _____

Phone Number(s) _____

Email _____

Name of Entry _____

Type of Entry: Float ____ Car ____ Marching Group ____ ***Horse Group ____

Other _____

*** Must provide proof of negative coggins test is required on ALL horses.

Does your entry have music? ____ Small children marching? ____

**PARADE ROUTE: ADVANTAGE CHARTER PARKING LOT, RIGHT ON GROOM RD
TO CITY HALL PARK.**

Waiver and Release

I hereby waive, release, hold harmless, and agree to indemnify the City of Baker, Rotary Club of Baker and Baker Chamber of Commerce, their assigns, licenses, successors in interest and legal representatives from and all cost of expenses incurred or suffered for any and all cost or expense incurred or suffered for any and all liability or causes of action for any act or lack thereof, in connection with the conception conduct, promotion and or carrying out the "parade" within the City of Baker, with this wavier to include but not be limited to those actions negligent, intentional or otherwise, that may occur or flow from the parade unless such action or inaction was caused by the deliberate and wanton ace or gross negligence of said indemnity. Said release, waive, hold harmless and indemnity shall include all attorney's fees and post directly related incidental to the parade.

I further do hereby give the city of Baker, Rotary Club of Baker or Baker and the Baker Chamber of Commerce, their assigns, licensees, successors in interest and legal representatives the irrevocable right to use my name of any fictional name, picture, portrait, or photograph, in all forms and in all media and in all manners, without any restrictions as to changes or alterations.

I am of full age and competent to sign this release. I agree that this release shall be binding on legal representatives, my heirs, assigns and me. I have read this release and am fully familiar with its content.

Date _____ Signature _____

Printed Name _____

Complete and mail, fax or email to:

City of Baker
3325 Groom Road
Baker, Louisiana 70714

Phone: 225-778-0300
Fax: 225-775-5598
Email: dclay@cityofbakerla.com