



# 2016 Lighting of the Night Parade

Saturday, December 3<sup>rd</sup>

Parade will begin at 6:30pm

Deadline for entry form is **Wednesday, November 30, 2016**

Please return this form to Galt Parks & Recreation – Attn: Parade Coordinator  
610 Chabolla Avenue, Galt CA 95632

For more information contact Brenda Renfrow at 209-712-4405

[www.ci.galt.ca.us](http://www.ci.galt.ca.us)    [galtpandr@ci.galt.ca.us](mailto: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 Brenda Renfrow at 209-712-4405 for more information.*

*We thank you for your participation.*



**CITY OF GALT  
2016  
LIGHTING OF THE NIGHT  
PARADE**

**PARTICIPANT AGREEMENT**

PARTICIPANT NAME: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

I give my permission for my son/daughter to participate in the above mentioned activity sponsored by the City of Galt. I understand and agree to abide by the rules and regulation as set down by the City of Galt in the activity mentioned above.

I do realize there are inherent risks in this activity and the City of Galt shall not provide insurance. Therefore, the participant and parent or guardian shall save, keep and hold harmless the City of Galt, its officers, agents, employees and volunteers from all damages, costs or expenses in law or equity that may at any time arise or be set up because of damages to property or personal injury received by reason of or in the course of performing in this activity which may be occasioned by any willful or negligent act or omissions of the participant or any other association resulting from participation in this activity. The City of Galt will not be held liable for any accident, loss or damage to the participant while participating in this activity.

This Participant Agreement shall be considered effective as of the date and time filed with the City of Galt and shall continue in force until participant is released in accordance with the operation rules.

This Participant Agreement shall be considered effective as of the date and time filed with the Department.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_