Kids Floral Wagon Parade May 9, 2015 – 9:30 AM in Balboa Park Participation Form



Wagoner Information

Please list your <u>Name</u> or <u>Group Name</u> you are representing: *Return Participation & Waiver Form by May 1, 2015*

Name:					
Last	First	Middle			
Address:		Citer	<u>Q</u> ₁₋₁₋	7.	
Street		City	State	Zip	
Work Phone: ()	Cell Phone: ()	*E-Mail:			
My Wagon					

Please tell us about your Wagon and list contact information for each member of your group:

	PRINT NAME	ADDRESS	PHONE NUMBER	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Once we receive your participation form, we will email you parade information, including check-in information, map, unloading pass, and an official confirmation letter. Your commemorative "*Official Wagoner Parade Number*" will be issued on May 9, 2015 during check in. Each participant will receive a *Free Ticket to the San Diego County Fair* up to a maximum of 10 tickets per group. Each group will also receive a special *Centennial Participation Ribbon*. Individuals and groups must have a parade number to participate.

For more information, please email Jessica Hayes at <u>JHayes@sandiego.gov</u> or at 619-235-5918. Return your participation and waiver form to: <u>JHayes@sandiego.gov</u>

Office Use Only	Date Submitted/ Date Approved/	Initials Initials
Official Wagoner Parac	de Number	Initials

Kids Floral Wagon Parade May 9, 2015 in Balboa Park

WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION FORM

PAR	TICIPANT'S NAME (<u>PRINT</u>):				
ADDR	RESS:	Street	Apt./Suite	City	State	Zip Code
PHON		Sireei	Apt./Suite	Cuy	Suite	Lip Coue
БМЕІ						
ENIEF	RGENCY CONTACT NAME	·	EMERGEN	CY CONTACT #:		
In co	onsideration of being allo	wed to participate in	n City of San Diego Flo	ral Wagon Parade	e, I acknowledge and agree tha	t:
1.	Neither the City of San I Floral Wagon Parade (spe		lth insurance for injurie	s to the participant	t that may arise out of involve	ment in the
2.	By virtue of participation					
	I KNOWINGLY AND		E ALL RISK FOR MY	Y CHILD (AND/O	ЭR MYSELF).	
					FY OF SAN DIEGO , their of	ficers,
					to, paralysis, dismemberment, n misconduct of one of those in	
	or organizations.		0 00			
5.		d that he/she must f	follow (or I agree to foll	ow) all safety rule	s, as well as any instructions g	given during
	to myself) while particip	ating in this special	event.		situation to the above named c	
	AND ASSIGNS.				ATIVES, NEXT OF KIN, SF	
	and that I waive all claim	ns for compensation			ideotaped or recorded for publ	
	special event and that he/	certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation in the becial event and that he/she (or I'm) free of any health problem that would affect his/her (or my) ability to participate. understand and agree that it is my sole responsibility to ensure that the address and emergency contact information are				
10.	accurate.	lat it is my sole lesp	ionsionity to ensure that	. the address and e	mergency contact mormation	ale
11.	CONSENT TO TREAT	pecial event by City gnated family memb	of San Diego and their per can be contacted, I h	representative, ag ereby give my con	tt or injury which may occur w ents or assignees, when neithe isent for emergency treatment e of California.	er the
					the May 9, 2015 Floral Wagon P	
13.	under. The Group Leade	er must be present a	nd provide supervision	of minors 17 years	dians of minors 17 years of ag s of age and under during the s Participation Form to this she	special
14.	,	he City of San Dieg nts.	go shall have full author	ity in the selection	, coordination and removal of	all Floral
15.	I/We agree to provide ou May 9, 2015 to be check	r own pull wagon a ed in and inspected	nd decorations. I/We fu by City of San Diego s	rther agree to brin taff during the che	g my decorated wagon to Ball ck in period between 7:00 AM	boa Park on 1 – 9:00 AM.
Group	o Leader Signature		Group Leader (Print N	ame)	Date:/	/
PART	'ICIPANT'S SIGNATURE (If	Participant is 18 years	or older):			
Legal	Guardian of the participant, I	consent to his/her waiv		above.	YOUNGER: This is to certify that Relationship:	
	t/Guardian Signature:				ate Signed: / /	
					on Form via amail by May 1	

Return Waiver, Release of Liability, and Authorization Form with your Participation Form via <u>email by May 1, 2015</u> Return your waiver and participation form to: <u>JHayes@sandiego.gov</u>. Call at **619-235-5918** for more information.