

PARADE ENTRY FORM AND WAIVER OF LIABILITY

Entry Name _____

Contact Person _____

Address _____

Contact Number _____

DESCRIPTION OF ENTRY _____

Waiver of Liability - *must be signed to participate in the parade*

I, the undersigned, as a group representative, hereby release, remise, and forever discharge Rockford Community Days and the Village of Rockford, Ohio, of and from any and all liability claims and possible cause of action which may occur to any member of the group from every and any loss, damage, and injury (including death) that may be sustained while participating in the Rockford Community Days Parade.

Date: _____ Signed _____

***** ENTRY WILL BE VOID IF THIS WAIVER IS NOT SIGNED *****

Rockford Community Days Parade
Attn: Logan Sutter
201 S Main St.
Rockford, OH 45882

Contact: Logan Sutter - 419-203-5278



YOUR PARTICIPATION IS GREATLY APPRECIATED!!!

Thank you!