

2019 CHATHAM KENT PRIDE PARADE PARTICIPATION APPLICATION



APPLICANT INFORMATION

Name of Organization or Group:

Primary Contact:

Phone:

Email address:

Mailing address:

City:

Postal Code:

PARTICIPATION INFORMATION (Check all that apply)

Float:

Length of Float:

CK Pride Rainbow Flag Carrier in Parade:

Float Music? Yes or No

of Vehicles:

Walking:

Band/Musical:

Handouts:
(subject to review, please describe or attach)

Animals:

Other:

EMERGENCY CONTACT

Name of Contact:

Email Address:

Phone:

Special Instructions:

LIABILITY WAIVER

The undersigned is aware of and understands the inherent risks, hazards and dangers associated with parade participation, the undersigned nevertheless elects, voluntarily, to enter and/or participate in the parade on the terms, conditions and covenants set forth herein and shall ensure that all persons participating in the entry are aware of and acknowledge the assumption of inherent risks. I understand that this document releases my right and any person participating with the entry, to make a claim if I or any person participating with the entry, have an accident or are injured resulting from the inherent risk of participating in a parade, or the ordinary negligence of the Municipality of Chatham-Kent and the Chatham-Kent Gay Pride Association.

SIGNATURES

I certify that this information is true and correct and authorize the verification of the information provided on this form as to my participation.

Signature of applicant:

Date:

Please return to: Marianne.willson@ckpride.com or Chris.couture@ckpride.com