

# FLOAT APPLICATION FORM FOR THE 2017 ORILLIA SANTA CLAUS PARADE

*(ALL INFORMATION MUST BE COMPLETED)*

ORGANIZATION NAME: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Name of float: \_\_\_\_\_

Category Entered: \_\_\_\_\_

Total length of unit (maximum structural height of 14'): \_\_\_\_\_  
(Unit length includes tow vehicle and trailer)

Music:        Yes \_\_\_\_\_        No \_\_\_\_\_

Name of company or individual from whom float is borrowed: \_\_\_\_\_

Unit description: \_\_\_\_\_

**MUST HAVE** Liability Insurance: Policy # \_\_\_\_\_

Insurance company name: \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

Awards won or objectives of organization: \_\_\_\_\_

**PLEASE RETURN FORMS NO LATER THAN NOVEMBER 3, 2017.**

**ORILLIA DISTRICT CHAMBER OF COMMERCE**

150 Front Street South, Orillia, ON L3V 4S7  
(705) 326-4424 Fax: (705) 327-7841, admin@orillia.com

# RELEASE AND WAIVER

GROUP NAME: \_\_\_\_\_

TO: YULETIDE COMMITTEE, ORILLIA DISTRICT CHAMBER OF COMMERCE

In consideration of the participation of (group name) \_\_\_\_\_  
in the Yuletide Committee, Orillia District Chamber of Commerce, 2017 Santa Claus Parade, and  
riding on a vehicle drawn and provided by (name of transport provider)  
\_\_\_\_\_, I/we the undersigned, being of legal age (18), or the  
Parent/Legal Guardian, do hereby release, remise and forever discharge the Yuletide  
Committee, the Orillia District Chamber of Commerce, and (name of transport provider)  
\_\_\_\_\_ by reason of, or arising out of, the said event  
occurring on the 19th day of November 2017 or the participation or cleanup thereof involving or  
resulting in the injury to my self/child/ward.

We do further covenant and agree to indemnify and save harmless the said Orillia District  
Chamber of Commerce, their successors, heirs and assigns against and from all actions, damages  
and claims which may be hereafter brought against them by or on behalf of the said  
child/ward/self in respect of, or arising out of the said event.

DATED AT Orillia, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

## \* NOTE: EACH PARTICIPANT MUST SIGN WAIVER

**PARTICIPANT'S NAME: (PLEASE PRINT)**

**SIGNATURE:**  
**(PARENT OR GUARDIAN IF UNDER 18)**

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For additional names use another waiver or the back of this form.

Privacy Policy Statement of Purpose: The Orillia District Chamber of Commerce may collect personal information in order to administer chamber membership; registration for special events; management of website and membership directory and buyers guide. Any other purpose as identified by us to you at or before the time we request your personal information.