

FLOAT APPLICATION FORM FOR THE 2018 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 both 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 2, 2018.

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, 2018 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 18th day of November 2018 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 _____, 2018.

* NOTE: EACH PARTICIPANT MUST SIGN WAIVER

PARTICIPANT'S NAME: (PLEASE PRINT)

SIGNATURE:
(PARENT OR GUARDIAN IF UNDER 18)

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.