

Administration Department – City of Clinton

PO Drawer 748 or 211 North Broad Street

Clinton, South Carolina 29325

Phone: (864) 833-7505

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**CITY OF CLINTON
2016
CHRISTMAS PARADE**



SATURDAY, DECEMBER 3, 2016 10:00 A.M.

REGISTRATION FORM AND LIABILITY HOLD HARMLESS INDEMNIFICATION AGREEMENT

To register an entry in the Clinton Christmas Parade, please complete the following information and return to the M. S. Bailey Municipal Center or mail to: Amanda Addison, Executive Assistant, City of Clinton, Post Office Drawer 748, Clinton, South Carolina 29325.

**NO ENTRY FEE IF THE APPLICATION IS RECEIVED BY NOVEMBER 18, 2016
\$20.00 ENTRY FEE IF RECEIVED AFTER NOVEMBER 18, 2016**

NAME OF ENTRY: _____

SPONSORED BY: _____

TYPE OF ENTRY: _____
(Vehicle, Car, Truck, Float, Trailer etc.)

NUMBER OF UNITS: _____

ESTIMATED NUMBER OF PEOPLE PER UNIT: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS _____

WILL YOU HAVE SOME TYPE MUSIC: _____

DO YOU HAVE COMMERCIAL GENERAL LIABILITY INSURANCE? YES NO

DO YOU HAVE HOMEOWNERS INSURANCE? YES NO

OTHER COMMENTS: _____

PARADE RULES

ALL UNITS MUST BE CLEARLY IDENTIFIED WITH THE NAME AND/OR SPONSOR OF THE ORGANIZATION PROVIDING THE ENTRY.

THERE WILL NO RIDING OF FOUR WHEELERS, DIRT BIKES OR MOTORCYCLES IN THE PARADE OTHER THAN THE SHRINERS UNITS OR OTHER ORGANIZATIONS WHO HAVE RECEIVED PRIOR AUTHORIZATION AND APPROVAL FROM THE CITY OF CLINTON.

CANDY, LEAFLETS, AND OTHER SIMILAR MATERIALS CAN NOT BE THROWN FROM VEHICLES UNDER ANY CIRCUMSTANCES. PARADE WALKERS MAY WALK THE STREETS AS YOUR UNIT TRAVELS THROUGH THE PARADE ROUTE AND HAND THESE TYPE ITEMS TO THOSE IN ATTENDANCE.

KEEP A SAFE DISTANCE FROM THE SIDES OF THE ROAD.

KEEP PACE WITH THE PARADE, BUT AT NO TIME SHOULD YOU EXCEED 5 MPH (CERTAIN EXCEPTIONS APPLY SUCH AS SHRINERS AND/OR INSURED UNITS WITH PRIOR APPROVAL.)

WATCH FOR ATTENDEES DARTING IN AND OUT AND CROSSING THE ROAD DURING PARADE.

FOR MORE INFORMATION, CONTACT AMANDA ADDISON AT 864-833-7505.

LIABILITY HOLD HARMLESS INDEMNIFICATION AGREEMENT

Registered Name Entrant: _____

For and in consideration of the benefits to be derived from participating in the 2016 Clinton Christmas Parade and notwithstanding anything herein to the contrary, I, on behalf of the individuals making up the registered named entry, hereby acquit and forever discharge, indemnify and hold the City of Clinton, its successors and assigns, its employees, officers, officials, agents, and/or representatives, free and harmless from and against any and all actions, causes of action, liabilities, losses, claims, demands, suits, damages, costs, judgments, and/or expenses of any kind or nature, including the payment of reasonable attorney's fees, resulting from any and all known and unknown, present or future, anticipated or unanticipated injury to or destruction of tangible property, or resulting in personal injury, sickness, disease, up to and including death resulting from or in any way arising out of the negligence, errors, omissions, or willful negligence of the City of Clinton.

Such losses, liabilities, expenses, damages and/or claims shall include, but not be limited to, civil or criminal fines or penalties, a taking, whether direct, indirect or inverse, of for loss of use and/or service, personal injury, death, libel, slander, and attorney's fees in the underlying action through all level of appeals.

Should the City of Clinton be named in any suit, action or claim under the terms thereof, the registered named entrant shall appear and defend the City of Clinton to the extent of its indemnification obligation hereunder, provided that the City of Clinton shall have the right to appear and defend such action or claim on its own behalf. The foregoing indemnity shall survive the expiration or termination of the Agreement.

The undersigned hereby affirms that he or she is authorized to act for and bind the group, organization or persons so registered as the participant(s) in the 2016 City of Clinton Christmas Parade.

NAME OF RESPONSIBLE PARTY (PRINT) _____

SIGNATURE OF RESPONSIBLE PARTY _____

WITNESS: _____

DATE: _____