

2019 Parker Days Parade Waiver and Release of Liability/Publicity Release

I, the undersigned participant, agree to the following terms of release of liability and grant of publicity in consideration for my participation in the Parker Days Festival Parade on Saturday, June 8th, 2019 (the "Event"), which is coordinated by the Parker Area Chamber of Commerce Foundation. I understand and agree that my participation in the Event is completely voluntary, and agree to exercise the upmost degree of care in regards to my own safety and the safety of others.

In consideration of my participation in the Event, I freely and voluntarily assume all risks, all current and future liability, and all duty of care arising from and related to my participation in the Event. I forever exempt and release the Parker Area Chamber of Commerce Foundation, and their officers, directors, subsidiaries, affiliates, employees, representatives, agents, contractors, servants, volunteers and assigns (the "Released Entities"), from any and all liability of any type whatsoever arising from or relating to my participation in the Event, including without limitation: (i) personal injury and wrongful death claims arising from or relating to the acts or omissions, including without limitation, the negligence or intentional misconduct, of the Released Entities in connection with the Event; and (ii) any acts or omissions of others in connection with the Event.

I understand and accept that the Released Entities do not provide any insurance of any kind, including without limitation, medical, disability, product liability and life insurance, for any accident, injury, loss or death. I hereby release and discharge any and all claims, rights and benefits relating to any insurance policy held by any of the Released Entities and forever indemnify, save and hold harmless the Released Entities for and from any and all losses, claims, actions, lawsuits, demands, judgments and arbitrations that directly or indirectly arise from or relate to my participation in the Event.

If I sustain an injury during the Event, I hereby authorize any emergency medical treatment deemed necessary by a licensed medical professional, and further, authorize any attending licensed medical professional to execute any forms or take any actions necessary to facilitate emergency medical treatment on my behalf if I or my agent are unable to do so.

In consideration of my participation in the Event, I hereby grant to the Parker Area Chamber of Commerce Foundation and any of its affiliates, the right to use for a term of ten (10) years, commencing on the date of this Agreement, my name and likeness, including without limitation, photographs and videotape of me, for any and all media purposes of the Parker Area Chamber of Commerce Foundation, including without limitation, any marketing and/or promotional materials.

I fully acknowledge and understand that my participation in Event and related activities is at the sole discretion of the Parker Area Chamber of Commerce Foundation and that I am being permitted to participate in consideration of, among other things, my execution of this document. I acknowledge and agree that I may be refused the right to participate in the parade.

Event at any time and for any reason. I further acknowledge and agree that I understand all of the terms and conditions of this document and that I evidence my agreement with said terms and conditions by participating in the Event and by providing my signature below.

This release shall be governed by the laws of the State of Colorado without reference to its conflict of law principles. This release may not be waived or modified except in writing signed by attorneys for the Released Parties. If any provision of this release is held invalid or unenforceable, the remainder of this release shall continue in full force and effect.

Group Entry Name _____

Group Contact Name _____

Address _____ **City/State/Zip** _____

Contact e-mail _____ **Contact Mobile Phone** _____

By providing my signature below for myself or for my minor child (under 18 years of age), I hereby evidence my acceptance and agreement with the terms and conditions of participation detailed on
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1.	Print Name/Child's Name	Signature Participant or Guardian	Date
2.	Print Name/Child's Name	Signature Participant or Guardian	Date
3.	Print Name/Child's Name	Signature Participant or Guardian	Date
4.	Print Name/Child's Name	Signature Participant or Guardian	Date
5.	Print Name/Child's Name	Signature Participant or Guardian	Date
6.	Print Name/Child's Name	Signature Participant or Guardian	Date
7.	Print Name/Child's Name	Signature Participant or Guardian	Date
8.	Print Name/Child's Name	Signature Participant or Guardian	Date
9.	Print Name/Child's Name	Signature Participant or Guardian	Date
10.	Print Name/Child's Name	Signature Participant or Guardian	Date
11.	Print Name/Child's Name	Signature Participant or Guardian	Date
12.	Print Name/Child's Name	Signature Participant or Guardian	Date
13.	Print Name/Child's Name	Signature Participant or Guardian	Date