



fiesta BOTANICA Wagon Parade

ENTRY FORM

May 26, 2018, 10 AM

Wagoner Information										
Pleas	se list your <u>Name</u> or <u>G</u>	iroup Name you are representing	g							
N1	_									
Name	e: Last	First		Middle						
			madic							
Addr	ess:									
	Street		City	State	Zip					
Cell:	()	*Email:								
		My Wa	gon							
Pleas	e tell us about your V	Vagon and list contact information	on for each memb	er of your grou	up:	_				
	DDINT NAME	ADDRESS	DUONE N	UINARER	CICNATUR	<u> </u>				
1	PRINT NAME	ADDKE55	PHONE N	UMBER	SIGNATUR					
2										
3										
4										
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6										
7										
8										
9										
10										
The f	iesta Botanica Wagor	n Parade begins at 10am in Balbo	oa Park. Once we	receive your pa	articipation for	m, we wil				
		tion, including check-in informat								
		ve " Official Wagoner Parade Nu			_	check in.				
	iduals and groups mu balboapark.org or a	st have a parade number to part	cicipate. For more	information,	please email					
sue@		urn your participation form and	waiver(s) to: sue	@halhoanark	org					
	Keti	arri your participation form and	waiver(s) to. sue	<u> </u>	<u>oig</u>					
	Office Use Only	Date Submitted/		Initials _						
	•	Date Approved/		Initials _						
	000000000000000000000000000000000000000			1 1						
	Official Wagoner Pa	rade Number		Initials						

fiesta BOTANICA Wagon Parade

May 26, 2018, 10am in Balboa Park

WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION FORM

'ARTICIPAN'	Γ'S NAME (<u>PRINT</u>):								
DDRESS:									
	Number	Street	Apt./Suite	City	State	Zip Co			
HONE:		Email:							
MERGENCY	CONTACT NAME:		FI	MERGENCY CONTACT	#:				
		allowed to participate			gon Parade, I acknowledge an	nd agree that:			
	_			_	may arise out of involvemen	_			
		arade (special event).	, , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
	_		ND FREELY ASSUME ALL	RISK FOR MY CH	ILD (AND/OR MYSELF).				
			MISE NOT TO SUE THE						
loss	agents or employees with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.								
4. I agr	I agree to inform my child that he/she must follow (or I agree to follow) all safety rules, as well as any instructions given during the special event.								
myse	elf) while partici	ipating in this special ev	ent.		situation to the above name				
					F KIN, SPOUSE AND ASSIGNS videotaped or recorded for p				
		waive all claims for com		de priotograpileu,	videotaped of recorded for p	ublicity			
				usical condition is	satisfactory for participation i	in the special			
	-				or my) ability to participate.	in the special			
			· ·	-	d emergency contact informa	tion are			
accu	_	ree that it is my sole re.	sponsibility to crisure tri	at the address and	a emergency contact imorma	tion are			
		MENT OF A MINOR: In 1	the event of sudden illne	ess, accident or in	iury which may occur while sa	aid minor is			
	CONSENT TO TREATMENT OF A MINOR: In the event of sudden illness, accident or injury which may occur while said minor is engaged in the special event by City of San Diego and their representative, agents or assignees, when neither the parents,								
_	guardian or designated family member can be contacted, I hereby give my consent for emergency treatment as shall be								
	necessary under the circumstance by any physician licensed under the laws of the State of California.								
11. The	The special event to which this waiver, release of liability and authorization pertain to the May 26, 2018, fiesta BOTANICA Wagon Parade.								
unde even	It is the responsibility of the Group Leader to obtain a waiver from parents/legal guardians of minors 17 years of age and under. The Group Leader must be present and provide supervision of minors 17 years of age and under during the special event. (Please attach Waiver, Release of Liability, and Authorization Form with your Participation Form to this sheet for each minor.)								
	hereby agree to n Parade partion	-	go shall have full authori	ty in the selection	, coordination and removal o	f all Floral			
		·		-	ring my decorated wagon to E neck in period between 8:00 A				
iroup Leade	r Signature		Group Leader (Print Name)		Date://				
PARENT/LEG	GAL GUARDIAN SIG		er): CIPANT IS 17 YEARS OF AGE C er and release as set forth abo		o certify that as a Parent or				
larant/Guar	dian Name (Print):				Relationship:				