Off	ice	Or	ıΙν

Entry#:

Liability Form

Participant's Full Name:			Age:
Address:			
Parent/Guardian – Father's Name:	Home Phone	e Number:	Work Phone Number:
Parent/Guardian – Mother's Name:	Home Phone	e Number:	Work Phone Number:
Emergency Contact:	Home Phone	e Number:	Work Phone Number:
any property arising out of, connected with, or rethe claims, suits, losses, damages, causes of action Paso, or any of its officers, agents, or employed indemnity provided for in this waiver is indemnity provided for in this waiver is indemnity provided for in this waiver is indemnity paso's own negligence, whether that negligence understood by PARTICIPANT that such indemnit losses, damages, or causes of action due to the person or persons. The undersigned PARTICIPANT executes this was not a mere recital, and with full knowledge of its	on, or liability <u>arise in whole or in part from</u> <u>es.</u> It is the express intention of the partic ty by PARTICIPANT to indemnify and prote e, or allegation of negligence, is the sole or ty is indemnity by PARTICIPANT to indemn the negligence, error or omission of PART	the negligence, or a es hereto, both the ect the City of El Pas concurring cause o nify and protect the TCIPANT, or the ne	allegations of negligence, of the City of El City of El Paso and Participant, that the so from the consequences of the City of El f the injury, death, or damage. Also, it is City of El Paso from liability, claims, suits, egligence, error or omission of any othe
SIGNED this	day of		, 2023
Organization	Address		Phone Number
I hereby consent and authorize the City of El Pas Winterfest Lights Parade for advertising and pu		oroduce photograpl	ns or videos of the 2023 Participants in the
Participant Name	Participant Signature		Date Signed
Parent/Legal Guardian Name	 Parent/Legal Guardian S	Signature	 Date Signed

*Each Participant, Walker, or Float Rider, must submit the above form by the deadline of October 27, 2023, or your entry in the Winterfest Lights Parade will not be allowed to participate.

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