

City of Rockville 75th Annual Memorial Day Parade • Monday, May 27, 2019 at 10:30 a.m.

PARADE REGISTRATION FORM

Application Deadline: Friday, April 5, 2019

Organization Name: _____

Parade Unit Name (as you would like it to appear in program):

Contact Name: _____ E-mail _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parade Unit Category (check the category(s) that applies to your group. Note the criterion in the parade rules/regulations)

- | | | |
|--|---|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Civic/Community/Non-Profit Group | <input type="checkbox"/> Color Guard/Drill Unit |
| <input type="checkbox"/> Cultural Organization | <input type="checkbox"/> Dance/Pom Pom Group | <input type="checkbox"/> Float |
| <input type="checkbox"/> Marching Band/Drum Line | <input type="checkbox"/> Veterans Organization | <input type="checkbox"/> Official |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Elected Official |
| | | <input type="checkbox"/> Candidate for Rockville Mayor/Council |

Selection Information (Please complete all sections.)

1) Number of Persons in Unit: _____ Youth: _____ Adults: _____

2) Number of Vehicles in Unit: _____

3) Description of Activity to be Performed (musical number, drill routine, dance routine, etc.):

4) Description of Visual Effects (uniforms, costumes, props/equipment, banner, etc.):

5) Float (describe length, width, height, theme/design, visible wording on float, etc.):

6) Emcee Narrative: (this will be read by the emcee as you pass through Town Center. Please write this the way you would like it to read the day of the parade. Description should not exceed 50 words, City reserves the right to edit narratives.)

7) Experience (Please list any parades/other notable performances your group has been a part of)

1. _____
2. _____
3. _____

Mail, Fax or E-mail Completed Application to:

Mail: Memorial Day Parade, 111 Maryland Ave., Rockville MD 20850 **Fax:** 240-314-8659

E-mail: aknox@rockvillemd.gov **Questions?** Call 240-314-8620

(Application Continues)

Applicant’s Compliance Certification

I hereby certify that this certification pertains to the 2019 Memorial Day parade in the City of Rockville, MD to be held on Monday, May 27, 2019, that I am duly and legally authorized to legally bind and make this certification on behalf of

_____ (the “Applicant”), that I have personal knowledge that all persons participating in the parade on behalf of the Applicant, including, but not limited to, the participants (i.e. all drivers, walkers, and performers), have read and understand these rules and agree to unconditionally abide by these rules, that all vehicles and trailers are at this time or will be in complete strict compliance with these rules before the date of the parade, that all such vehicles and trailers shall be maintained in complete strict compliance with these rules at all times during the parade, that all persons representing, assisting or participating with the Applicant will obey all of these rules and acknowledge the City’s right to enforce these rules at all times and in any manner.

I, individually and on behalf of the Applicant and its successors and assigns, hereby agree to release and indemnify the Mayor and Council of Rockville, its agents, officers and employees, hereafter referred to as “City”, from any and all claims for injuries or loss of any person or property which may arise out of or result from the participation in the 2019 Memorial Day parade and forever waive my right and the right of the Applicant, its successors and assigns, to initiate, make, file or demand any claim, cause of action, or legal proceeding, whether now known or later discovered, including but not limited to, any and all injury, loss, liability, damage, claim, cost or expense incurred by me or the Applicant as a result of, or arising out of or in connection with, the participation in the parade, whether caused by the acts or omissions of the City directly or indirectly, and including but not limited to, the acts or omissions of other participants or non-participants in the parade.

I, the undersigned volunteer and participant have read and fully understand the above statements and agree to sign this release form.

Signature

Printed Name:

Title:

Signature:

Date:
