



Sanford's Annual Illuminated Christmas Parade "Parade of Lights"

Saturday, December 14, 2019, 6 PM
Entry Fee: \$40

Mandatory organizational meeting is Wednesday, November 13, 2019 at 6 PM
Entry deadline is Wednesday, November 27, 2019 5:30 PM

Sorry, we are unable to consider applications received after the deadline.

Please return with payment to
Attn: Alice Bowers, Recreation Department
P.O. Box 1788, Sanford FL 32772-1788
Checks made payable to: City of Sanford

Entry name: _____ *Contact Person: _____
Full address: _____
Phone No: _____ Cell: _____ Email: _____
Alternate Contact Person w/ phone number & email address: _____

*This person will be responsible for compliance with parade regulations; will be required to check in at parade headquarters (San Carlos Avenue) by 4 PM day of event; will be responsible for briefing all their participants of safety regulations; and handle the overall coordination of their entry.

Type of Entry: (Information on number of participants helps us in staging area)

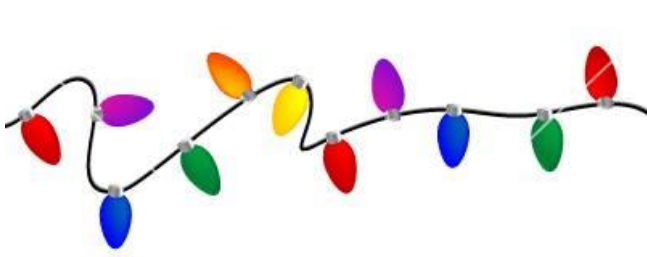
***Float _____ Dimensions of float AND tow together: Length _____ Width _____
Float Theme: _____
Number of riders: _____ Number of walkers: _____
***Marching Unit _____ Number of participants _____ ***Choral Group _____ Number of participants _____
***Dance Group _____ Number of participants _____ ***Car Club _____ Number of Vehicles _____
Is Music/Sound part of entry: Yes _____ No _____ If yes, what is music source (CD, live, etc.) _____
(Only Holiday Music will be allowed)
Misc (Please Specify) _____

Description of Entry: (Required for Parade Announcers. Please use attached sheet) _____

The following must be completed:

A copy of automobile insurance for vehicles in parade must be attached to application and a signed "Hold Harmless form" must be completed before participating in the Parade.

For safety reasons (to both spectators and parade participants) **DO NOT THROW CANDY** from floats or moving vehicles. *Candy or other handouts may be given by helpers alongside the parade float only.* Refer to Rules and Regulations enclosed.



CITY OF
SANFORD
FLORIDA

Sanford's Annual Illuminated Christmas Parade

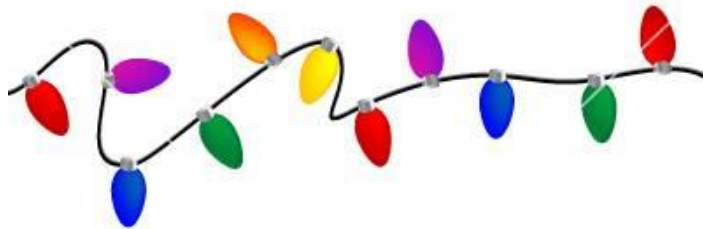
"Parade of Lights"

I HAVE READ AND ACCEPT ALL PARADE RULES, REGULATIONS AND REQUIREMENTS AND AGREE TO BE RESPONSIBLE FOR THE COMPLIANCE OF SAME BY ALL PARTICIPANTS IN MY ENTRY AND FAILURE TO COMPLY WILL RESULT IN IMMEDIATE REMOVAL AND JEOPARDIZE FUTURE PARTICIPATION FROM PARADE:

Signature: _____ Date: _____

Print Name: _____

All Entries are subject to approval and/or prior to parade date. Call 407.688.5120, option #6 for any additional questions or information.



HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

_____, hereinafter referred to as 'Vendor', agrees through the signing
(Insert Official Name of Vendor)
of this document by an authorized party, intending to be legally bound for themselves and their heirs,
executors and administrators, covenants and agrees to Indemnify and Hold Harmless and defend the
City of Sanford, the elected and appointed officials of the City of Sanford, the City Manager,
department heads, division heads, supervisors and employees of the foregoing, and their heirs,
representatives, successors, executors, administrators and assigns from and against any and all suits
and actions including attorneys fees and all costs of litigation and judgments, claims for damages or
injuries, including death, to persons or property of whatever kind or character, whether real, personal
or mixed, asserted or occurring from every name and description arising out of or incidental to the
Vendor's activity at the City of Sanford, Florida, City of Sanford Christmas Parade whether or
(describe activity)
not due to or caused by the negligence of the City of Sanford, excluding only the sole negligence of
the City of Sanford. This provision shall also pertain to any claims against the City of Sanford by any
employee of Vendor or anyone directly or indirectly employed by Vendor.

This ____ day of _____ 2019

Applicant Signature

Print Name

Title (President, Vice President, etc)

Witnesses (or Notarize below):

Print Name

Signature

Date

Print Name

Signature

Date

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this ____ day of _____ 2019 by
_____, who is personally known to me or has produced _____
as identification and who did not take an oath.

Notary Public
My Commission Expires: _____