

Waiver and Release of ALL Claims

As a participant in the East Moline Main Street Lighted Christmas Parade, the undersigned recognizes and acknowledges that there are certain risks of personal injury, and the undersigned, individually and as agent for all who are involved with this entry, agrees to assume the full risk of any injuries, including death, damages or loss which may be sustained because of participation in the East Moline Lighted Christmas Parade.

The undersigned, individually and as agent for all who are involved with the particular entry, agrees to waive and relinquish all claims the undersigned may have as a result in participating in the East Moline Lighted Christmas Parade against the City of East Moline, East Moline Main Street and All Sponsors and Committees and their respective officers, agents, servants, and employees and does hereby fully release and discharge the City of East Moline, East Moline Main Street and All Sponsors, Committees and their respective officers, agents, servants and employees from any and all claims from injuries, including death, damages, or loss which the undersigned may have or which may accrue to the undersigned on account of participating in the East Moline Lighted Christmas Parade.

The undersigned, individually and as agent for all who are involved with this particular entry, further agree to indemnify and hold harmless and defend the City of East Moline, East Moline Main Street and All Sponsors, Committees and their respective officers, agents, servants and employees from any particular entry and arising out of connection with or in any way associated with participating in East Moline Lighted Christmas Parade.

This Waiver and Release has been thoroughly read and understood and is given in consideration of the privilege to participate in the East Moline Lighted Christmas Parade. This Waiver and Release has been executed by the undersigned, which has the authority to represent and bind all involved with this entry.

Dated this _____ day of _____ 2023.

_____ Individual as authorized agent for:

_____ Print name of organization.