

# 2016 Harvest Festival Parade Application



- Parade begins at 10:30 am Saturday, October 1, 2016
- Staging is at 9:30 am in the faculty parking of Fife High School, next to Fife City Hall.
- Parade Route begins along 23rd Street East and turns south on 54th Avenue East to Columbia Junior High, approximately 1/4 mile.
- **Return this application to the Fife Community Center by 1 pm September 7, 2016**

Business Name	Type
Address	City Zip
Contact Name	Phone
E-mail Address	

	Unit Size	Number of Participants	Description (type/year/color/theme)
<input type="checkbox"/> Animal- Proof of Vaccination: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ ft.		
<input type="checkbox"/> Float- Musical: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ ft.		
<input type="checkbox"/> Motorized Vehicle	_____ ft.		
<input type="checkbox"/> Musical (calliope, military, school, club, other)	_____ ft.		
<input type="checkbox"/> Walking (club, business, school, other)	_____ ft.		
<input type="checkbox"/> Other	_____ ft.		

## PARADE STAFF USE ONLY

ENTRANT NUMBER \_\_\_\_\_ LOCATION \_\_\_\_\_

CHECKED IN \_\_\_\_\_ TIME \_\_\_\_\_

BRIEF IDENTIFIER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_



# 2016 Harvest Festival Parade Application



Include a short description below:

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Are you participating as a vendor?      Yes       No   
(Please make sure to complete a separate application for vendor booths)

## **HOLD HARMLESS AGREEMENT - must be signed to participate**

I hereby, on behalf of our group, heirs, and myself assume all risks in connection with our/my participation in the 2016 Fife Harvest Festival and/or Community Parade.

I further agree to indemnify, defend and hold the City of Fife, its officers, officials, employees and volunteers harmless from and against any and all claims, demands, losses, actions or liabilities, including costs and all attorney fees and injury or death of any person, or for loss or damage to property, to or by any and all persons or entities, including, without limitation, their respective agents, licensees or representatives, arising from, resulting from, or connected with, our/my participation in this event, except only such injury or damage as shall have been occasioned by the sole negligence of the City. Should vendor at any time occupy the premises in a manner contrary to this agreement, upon request of staff, vendor shall immediately cease offending conduct. Failure to comply will be cause for the revocation of permit and expulsion from this event.

I authorize any necessary emergency medical treatment that might be required for those of my organization or myself in the event of physical injury and/or accident to us/me while participating in this program.

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**Signature of Participant/Responsible Individual & Title**  
**(Must be 18 years of age or older to sign and submit application)**

**Date**

