



Saturday, December 2, 2017

FLOAT APPLICATION

Thank you for your interest in participating in the 2017 City of Anderson Christmas Parade. Included in the day's event are Pictures with Santa at City Hall (starting at 4 PM), and the City of Anderson Tree Lighting Ceremony (at 5:30 PM), with the parade to follow at 6 PM. Please fill in all the requested information below.

WEDNESDAY NOVEMBER 22ND, 2017 DEADLINE

CONTACT INFORMATION

Company Name (If Applicable) _____

Contact Name _____

Mailing Address _____

Phone Number _____ Email (*required for future communication*) _____

PARADE ENTRY INFORMATION

The information provided below is crucial in creating a safe and accurate line-up. Please be detailed to ensure ample space is allocated for your entry.

X	ENTRY TYPE CHECK ONE	DESCRIPTION	LENGTH OF ENTRY/# OF WALKERS
	FLOAT		
	VEHICLE		
	WALKING GROUP		

PARADE PARTICIPATION RULES

VIOLATORS WILL BE DIRECTED OUT OF THE PARADE ROUTE BY PARADE MARSHALLS.

ALL FLOATS MUST HAVE WINTER/HOLIDAY DECORATIONS AND/OR LIGHTING.

YOU MAY NOT THROW CANDY FROM FLOATS OR VEHICLES. CANDY MUST BE HANDED DIRECTLY TO THE CROWD BY WALKERS. NO FLYERS OR PAPERS OF ANY KIND ARE TO BE HANDED TO THE CROWD.

MUSIC VOLUME MUST BE AT APPROPRIATE LEVELS AND MUST NOT CONTAIN PROFANITY.

NO HORSES.

TIMELINE & DETAILS

CHECK-IN: LINE UP WILL BE ON MAIN STREET BETWEEN 7TH STREET AND THE TRUMAN BRIDGE. THE ONLY WAY TO CHECK-IN IS BY ENTERING MAIN STREET (TRUMAN BRIDGE) VIA UNIVERSITY BOULEVARD. YOU WILL STOP AT A MARKED TENT ON THE EAST END OF TRUMAN BRIDGE TO RECEIVE YOUR PLACEMENT INSTRUCTIONS. WATCH FOR SIGNS. AGAIN, THERE WILL BE NO OTHER WAY IN TO THE PARADE LINE UP BESIDE THROUGH THE EAST END OF TRUMAN BRIDGE. CHECK-IN TIME STARTS AT 4:30 PM. ARRIVE EARLY.

4:00PM – MEET AND GREET WITH SANTA AT CITY HALL LOBBY BEGINS

4:30PM – STREETS AND TRAFFIC LANES CLOSED FOR PARADE ROUTE

4:30PM – CHECK-IN AND LINE-UP FOR PARADE ENTRIES BEGINS

5:30PM – CHRISTMAS TREE LIGHTING CEREMONY

5:45PM – ALL PARADE ENTRIES TO BE IN PLACE, POLICE ESCORT TO PARADE START LINE

IMMEDIATELY FOLLOWING CEREMONY – 6 PM to 7:30 PM – ANDERSON CHRISTMAS PARADE

ROUTE: THE STARTING POINT OF THE PARADE IS AT 8TH /MAIN ST. PARADE TURNS RIGHT (WEST) ON 8TH TO MERIDIAN. SOUTH ON MERIDIAN TO 13TH STREET. PARADE TURNS RIGHT (WEST) TO JACKSON. THE ROUTE THEN HEADS NORTH ON JACKSON TO 8TH ST.

DISCHARGE: AT THE PARADE'S END, ENTRIES ARE STRONGLY ENCOURAGED TO CONTINUE NORTH ON JACKSON TURNING RIGHT ON 7TH. FROM THERE YOU ARE FREE TO RETURN TO YOUR STAGING LOCATION.

LINE-UP DETAILS

An email containing the final line-up order and details will be sent out to the email contact you provide on page 1 of this form, a few days after the deadline for form submission. Please communicate the information in this email to your group. It is advisable to have a set place for a staging location for your group to meet before and after the parade. Athletic Park will be open for this purpose.

FLOAT AWARDS WILL BE 1ST, 2ND, AND 3RD PLACE, BASED ON THE PARTICIPATION RULES ABOVE. ALL AWARD WINNERS WILL RECEIVE A PLAQUE OR TROPHY PRESENTED BY MAYOR THOMAS BRODERICK, JR. AND BE SPOTLIGHTED ON ANDERSON TV. AWARDS PROGRAM TIME AND LOCATION TO BE ANNOUNCED.

LIABILITY RELEASE

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF ANDERSON, ITS OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERS, AND REPRESENTATIVES (COLLECTIVELY THE "CITY"), FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY IN ANY WAY RELATED TO MY PARTICIPATION IN CITY PROGRAMS. THIS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVE, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE THE CITY IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDICAL ASSISTANCE AT MY EXPENSE. I GIVE PERMISSION TO THE CITY TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN CITY PROGRAMS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

PRINTED NAME: _____

IF UNDER THE AGE OF 18, A PARENT OR GUARDIAN SIGNATURE IS NECESSARY.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ RELATIONSHIP: _____

ALL PARTICIPANTS MUST SIGN LIABILITY RELEASE. PLEASE PRINT GROUP LIABILITY RELEASE PAGES AS NEEDED.

PLEASE MAIL, OR EMAIL THIS FORM TO:

CITY OF ANDERSON
ATTN: DARLA COUCH
120 E 8TH ST.
ANDERSON, IN 46016

EMAIL: DCOUCH@CITYOFANDERSON.COM

QUESTIONS: 765/648-5947

PARTICIPATING GROUP LIABILITY RELEASE

ALL INDIVIDUALS MUST AGREE TO AND SIGN THIS LIABILITY RELEASE IN ORDER TO PARTICIPATE.

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF ANDERSON, ITS OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERS, AND REPRESENTATIVES (COLLECTIVELY THE "CITY"), FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY IN ANY WAY RELATED TO MY PARTICIPATION IN CITY PROGRAMS. THIS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVE, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE THE CITY IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDICAL ASSISTANCE AT MY EXPENSE. I GIVE PERMISSION TO THE CITY TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN CITY PROGRAMS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

IF UNDER THE AGE OF 18, A PARENT OR GUARDIAN SIGNATURE IS NECESSARY.

Signature of Participant: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____

Signature of Participant: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____

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