

Mayor Thomas J. Broderick, Jr.

Presents



Wednesday, July 3, 2019

FLOAT APPLICATION

FRIDAY, JUNE 21, 2019 DEADLINE

No Entry Fee!

Thank you for your interest in participating in the 2019 Independence Day Parade and Community Celebration. **This year's theme is "Stars and Stripes Spectacular"**. Included in the day's event are a concert, a parade, food trucks and an incredible fireworks display from Athletic Park. Please fill in all of the requested information below and closely follow the directions therein.

CONTACT INFORMATION

Company Name (If Applicable) _____


Contact Name _____

Mailing Address _____

Phone Number _____ Email _____

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.

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

PARADE PARTICIPATION RULES

FLOATS MUST HAVE PATRIOTIC OR THEMED DÉCOR (Stars and Stripes Spectacular) 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.

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

TIMELINE & DETAILS

CHECK-IN: LINE UP WILL BE ON MAIN STREET BETWEEN 8TH 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 5:30PM. ARRIVE EARLY.

5:00PM – STREETS AND TRAFFIC LANES CLOSED FOR PARADE ROUTE AND LINE UP

5:30PM – CHECK-IN AND LINE-UP FOR PARADE ENTRIES

6:45PM – ALL PARADE ENTRIES TO BE IN PLACE, POLICE ESCORT TO PARADE START LINE

7:00PM-8:00PM – ANDERSON INDEPENDENCE PARADE

8:30PM – COREY COX CONCERT ON STAGE LOCATED IN ATHLETIC PARK

10:00PM - FIREWORKS FROM ATHLETIC PARK

ROUTE: THE STARTING POINT OF THE PARADE IS AT 8TH/MAIN STREET. PARADE GOES SOUTH ON MAIN TO 13TH. PARADE TURNS RIGHT (WEST) TO JACKSON. THE ROUTE 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 5TH STREET TO MAIN. 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. Participants may not drive their cars into the parade staging area. They must park and walk into the floats. The staging and line up area is for floats and approved vehicles only.

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 FORM TO:

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

EMAIL: DCOUCH@CITYOFANDERSON.COM

QUESTIONS: 765/648-5947

FRIDAY, JUNE 21, 2019 DEADLINE

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: _____

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