

Mayor Thomas J. Broderick,

Jr. Presents



Sunday, July 2, 2023

FLOAT
APPLICATION DEADLINE
FRIDAY, JUNE 23, 2023

No Entry Fee Required!

Thank you for your interest in participating in the 2023 Independence Day Parade and Community Celebration. **This year's theme is "Celebrating Madison County's Bicentennial (200 Year Anniversary)."** Included in the day's event are a concert, a parade, food trucks and an incredible fireworks display at the former Work One Parking Lot off Central Ave. and 9th St.

Please, fill in all of the requested information below and closely follow the directions therein.

CONTACT INFORMATION

Company/Organization 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 Choose one	DESCRIPTION Please, add a 1-3 sentence description of your entry for the judges and the announcer.	LENGTH OF ENTRY/# OF WALKERS
	Float		
	Vehicle		
	Walking Group		

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 BEGINS

8:30PM – COREY COX CONCERT ON STAGE LOCATED AT 9th AND CENTRAL

10:00PM - FIREWORKS FROM 9th AND CENTRAL

ROUTE: THE STARTING POINT OF THE PARADE IS AT 8th /MAIN STREET. PARADE GOES SOUTH ON MAIN TO 13th. PARADE TURNS LEFT (EAST) TO CENTRAL. THE ROUTE HEADS NORTH ON CENTRAL TO 8th ST.

DISCHARGE: AT THE PARADE'S END, ENTRIES ARE STRONGLY ENCOURAGED TO CONTINUE NORTH ON CENTRAL TURNING RIGHT ON 8th STREET. 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, one to two days before the parade. 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/line up area on Main Street.** They must park and walk to 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: DICK SYMMES
120 E 8TH ST.
ANDERSON, IN 46016

EMAIL: DCOUCH@CITYOFANDERSON.COM

QUESTIONS: 765/648-6000

**APPLICATION DEADLINE FRIDAY, JUNE 24, 2023
LATE ENTRIES NOT ACCEPTED**

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: _____

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

Parent/Guardian Signature: _____ Printed Name: _____

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

Parent/Guardian Signature: _____ Printed Name: _____

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

Parent/Guardian Signature: _____ Printed Name: _____

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

Parent/Guardian Signature: _____ Printed Name: _____

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

Parent/Guardian Signature: _____ Printed Name: _____

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

Parent/Guardian Signature: _____ Printed Name: _____

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

Parent/Guardian Signature: _____ Printed Name: _____

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

Parent/Guardian Signature: _____ Printed Name: _____