



Saturday, April 20th at 12:00 (Noon)
LAST DAY TO SUBMIT ENTRY FORM: WEDNESDAY APRIL 17, 2024
PARADE REQUIREMENTS ARE ON THE NEXT PAGE

TITLE OF ENTRY:

CONTACT INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY & ZIP: _____

EMAIL ADDRESS: _____

ENTRY TYPE: (PLEASE LIST NUMBER OF ENTRIES & ESTIMATED LENGTH OF ENTRY IF APPLICABLE)

Float # _____ Mounted Group# _____

Single Vehicle# _____ Mounted Single# _____

Group Vehicle# _____ Dance Group# _____

Walking Group# _____ Other (explain)# _____

If there are multiple floats in your entry, please check all that apply & the order they will be arranged

ANNOUNCER COMMENTARY: Please describe your entry for the Announcers - including the participants, entry contents, awards, important people, or other special features. You can attach more information on a second sheet.

Entries can be emailed to San Miguel Firefighters Association at scott.young@sanmiguelcsd.org or mailed to SMFA P.O. Box 491 San Miguel, CA 93451 or taken to the San Miguel Fire Station. Please submit by 4/17/2024.

PARADE DETAILS: PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

2024 Sagebrush Days Parade: Saturday, April 20. **Line up begins at 11:00 AM** at Mission St and 14th St. Parade begins at 12:00 (Noon)

Any questions may be addressed to the San Miguel Firefighters Association:
scott.young@sanmiguelcsd.org or to Scott Young at (805)467-3388 x103

Rules For Each Entry

1. ALL PARTICIPANTS MUST COMPLETE AND SIGN A WAVER
2. **DO NOT HAND ANYTHING OUT ON THE STREET. NOTHING MAY BE THROWN FROM VEHICLES.**
3. CHILDREN UNDER 10 YEARS OF AGE MUST BE ACCOMPANIED BY AN ADULT
4. INAPPROPRIATE BEHAVIOR WILL NOT BE TOLERATED
5. HELMETS MUST BE WORN BY ANY RIDER/PARTICIPANT UNDER THE AGE OF 18 ON ANY SCOOTER, BICYCLE, SKATEBOARD, OR SIMILAR DEVICE
6. ALL PARADE ENTRIES ARE SUBJECT TO INSPECTION PRIOR TO THE PARADE. IF, FOR ANY REASON, AN ENTRY IS FOUND TO BE HAZARDOUS OR UNSAFE, IT MUST BE MODIFIED TO THE SATISFACTION OF THE INSPECTOR OR REMOVED FROM THE PARADE

There is no entry fee to participate in the parade

HOWEVER, if you would like to donate please make your check payable to the San Miguel Firefighters Association and send it with your application or give it to the SMFA at line up on Parade Day.

RELEASE AND WAIVER OF ALL CLAIMS

Name of Participant: _____

Sex: ____ Age: ____ Street Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

I (the Participant) hereby fully and forever release, waive, discharge and covenant not to sue the County of San Luis Obispo (“County”) from any and all liability for any and all loss(es), damage(s), and any and all claims and demands therefore, on account of any injury to my person or property, including bodily injury or death, whether caused by the active or passive negligence of the County, in connection with my participation in the Event. I represent and warrant that I am in good physical condition and am able to safely participate in the Event. I understand that the Event is being held over public roads and facilities that are not specifically designed for this Event and upon which hazards are to be expected. I further understand that said public roads and facilities may remain open during the Event to members of the public that are not participating in the Event, including but not limited to persons using roads for vehicular travel. I understand that Event participation carries with it certain inherent risks that cannot be eliminated completely ranging from minor injuries to catastrophic injuries including death. I am fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntary participate, knowing the risks associated with the Event. I hereby assume all risks of loss(es), damage(s), or injury(ies) that I may sustain or experience while participating in the Event. I further hereby indemnify the County from any and all liability for any and all loss(es), damage(s), and any and all claims and demands therefore, on account of any injury to any person or property, including bodily injury or death, whether caused by the active or passive negligence of the County, in connection with my participation in the Event.

I certify that all the information in this form is true and complete. I have read the entry information provided for the event and certify my compliance by the signature below.

Signature of Participant _____ Date: _____

IF PARTICIPANT IS UNDER AGE 18, HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Participant’s Parent/Guardian’s signature below certifies that my son/daughter/ward has my permission to participate in the Event. Participant’s Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF ALL CLAIMS (above) and by Signing intentionally and voluntarily agrees to its terms and conditions. Participant’s Parent/Guardian further certifies that his/her son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my son/daughter/ward’s medical records as necessary and as stated above.

Signature of Parent/Guardian _____ Date: _____