

Parade/Vendor RELEASE AND INDEMNIFICATION

Dear Parade Participant: This page must be signed and returned with your registration application. Failure to do so will result in an incomplete application and you will not be allowed to set up your booth (vendor) or participate in the parade or other activities until all paperwork is completed.

I, (name) _____, with _____ (business name), hereby agree that I will not be selling any items that will create a mess or release an offensive odor, like cap guns, spray paint, smoke bombs, flatulent bags, shock toys, etc., and fireworks. If these items or similar items are found in my booth, I will be asked to leave the area immediately and I will not be refunded any monies.

Signature: _____ Date _____

The Locust Grove OK Area Chamber of Commerce reserves the right to cancel or re-schedule the Locust Grove Founder’s Day Parade due to inclement weather, or for any reason that would jeopardize the health and safety of the public.

INDEMNIFICATION AGREEMENT

I/we understand that participation in the Locust Grove OK Area Chamber of Commerce Founder's Day Parade activities, including but not limited to the parade, booths, contests and various other activities, is accompanied by certain risks. In consideration for being allowed to participate in these activities, I/we assume the responsibility inherent in these risks. I/we further waive all claims and release the Town of Locust Grove and the Locust Grove OK Area Chamber of Commerce, and all other entities and persons participating in, directing or sponsoring this event, from any and all liability arising from my/our participation in the activities of any/all activities of the Locust Grove OK Area Chamber of Commerce.

The Chamber of Commerce does not carry insurance to cover your personal property or liability. As an independent contractor, you are advised to obtain your own insurance.

I understand that failure to pay any or part of the required sales taxes will result in violation of the Oklahoma state tax laws.

Name of Participant _____ Age _____

Signature _____ Date _____

Parent or Guardian _____