



38th Annual Sertoma Christmas Parade Friday, December 4, 2020 ~ 7:00 p.m. Parade Theme

"The Light Shines In The Darkness, And The Darkness Has Not Overcome It."

Please mail entries to: Sertoma of Laurel, P.O. Box 4272, Laurel, MS 39441. Entry Form, Fees and signed Waiver of Liability forms must be received by 5:00 p.m. Monday, November 30th. For additional parade information, please visit our Facebook page – Sertoma Club Laurel. Please direct all parade questions to our Facebook page. A list of received parade applications will be posted regularly to our Facebook page. Entries will be notified by phone/text with lineup position by December 1st. Parade entries should begin arriving on Dec. 4 at 5:00 p.m. and be in line no later than 6:00 p.m. Float height should not exceed 13 feet 6 inches.

Organization _____

Contact Person _____

Cell Phone # _____ E-mail _____

PARADE ENTRIES SHOULD BE DECORATED WITH A CHRISTMAS THEME. ALL FLOATS WILL BE JUDGED BASED ON ORIGINALITY, RELATION TO THEME, AND ARTISTIC DESIGN.

Type of entry (check one): _____ Floats (\$30) _____ Beauties/Homecoming Court (\$20 per vehicle)
_____ Auto Clubs (\$5 per vehicle) _____ Commercial/Business Entry (\$100)

Total length of entry including tow vehicle (very important) _____ Feet

NO MOTORCYCLES, ATV'S, HORSES, NO OPEN FLOORTRAILERS AND NO THROWING OF ANYTHING (INCLUDING CANDY) FROM FLOATS

Cash will be awarded to 1st and 2nd place, and Trophy for 3rd place judged float.

1st Place - \$1000 2nd Place - \$500 3rd Place - Trophy

Please provide a brief description of your parade entry:

Parade entries are responsible for maintaining a safe operating space around their entry at all times. The Sertoma Club of Laurel reserves the right to refuse any parade entry and refund entry fee at any time. Misconduct of any kind will not be tolerated and subject to ejection from the parade.

To promote public health and prevent the spread of the coronavirus, Sertoma strongly encourages all participants and spectators to comply with the restrictions and guidelines set forth by the City of Laurel, the Mississippi State Department of Health and the Centers for Disease Control, including recommendations for social distancing and the wearing of masks.

Signed:

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Waiver of Liability

I, the undersigned, in consideration of my participation in the 2020 Sertoma of Laurel Christmas Parade, do hereby release and forever discharge Sertoma of Laurel and its officers, directors, employees, volunteers, partners and contractors, jointly and severally, from any and all liability related to any and all personal injury, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of, or resulting from, participation in said Christmas Parade.

I expressly assume ALL risks of my participation in the Parade, including, without limitation, injury as a result of the acts or omissions of any of the above-named parties, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or intentional misconduct on the part of the Sertoma of Laurel or its officers, directors, employees, volunteers, partners and contractors

I agree to indemnify, save, hold harmless and defend Sertoma of Laurel and its officers, directors, employees, volunteers, partners and contractors, of and from any and all loss, damages, expenses, costs, judgments, and attorney's fees arising out of or resulting from my participation in the Parade, including but not limited to any damages arising out of negligent or intentional conduct of other participants or other third parties.

I certify that any vehicle(s) driven by me (if any) in the Parade has insurance that conforms to the laws of the State of Mississippi. I, likewise, certify that if I drive a vehicle in the Christmas Parade, I have a current valid driver's license.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND THAT, IF SIGNING ON BEHALF OF AN ORGANIZATION, I AM AN AUTHORIZED AGENT OF SAID ORGANIZATION WITH THE POWER TO BIND AND CONTRACT ON BEHALF OF SAID ORGANIZATION.

Organization: _____

Name (printed): _____

Signature: _____

Date: _____