



**2024 NG PRIDE  
PARADE REGISTRATION FORM**



**\*\* INDIVIDUAL \*\***

Full Name: \_\_\_\_\_  
If under the age of 18, Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Emergency Contact Phone Number \_\_\_\_\_

**PLEASE NOTE:** Kemptville Campus is a smoke-free, vape-free environment. Thank you for keeping our campus a safe and clean environment for all!

**\*\*IMPORTANT:** Completed forms must be sent to [events@ngpride.ca](mailto:events@ngpride.ca) no later than **May 11, 2024\*\***

**Has participant read, signed, and acknowledged the "Release of Liability, Waiver of Claims, Assumption of Risks, Authorization, and Indemnity Agreement"?**

**PLEASE INITIAL:** YES \_\_\_\_\_ NO \_\_\_\_\_

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
PRINT NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE FOR UNDER 18 PARTICIPANT



**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS, AUTHORIZATION, AND  
INDEMNITY AGREEMENT**



IN CONSIDERATION of my participation in the NG Pride Parade 2024 (the “Event”), to be held **JUNE 2<sup>nd</sup> 2024** and recognizing that the organizers of these Events cannot control all of the conditions of the Events, I hereby:

UNDERSTAND that many of the activities associated with a parade/Flotilla, before, during and after the event, are inherently dangerous and may involve the risk of damage to property and serious injury including death.

I AGREE to conduct myself in a responsible manner;

AND I FURTHER AGREE:

1. TO WAIVE ANY AND ALL CLAIMS that I may have against the organizers, volunteers and other representatives (hereinafter collectively referred to as the “Releasees”) arising from my participation in these Events and to take full personal assumption of risk related to or inherent in participating in these Events.
2. TO INDEMNIFY the organizers from costs related to any damage to property of, personal injury to, of myself or any third party, arising from my participation in these Events. **That is, I or my guarantor if I am under the age of 18 years of age, will personally pay for any damage or liability that is a direct or indirect cause of my actions.**
3. THAT I have fully informed the person designated below as my guarantor concerning my participation in these Events; that he/she/they has agreed to act as my emergency contact and that I AUTHORIZE the Releasees to contact this person if I should become incapable or asked to leave or become liable for damage.
4. THAT the Kemptville Campus is a smoke-free, vape-free environment and I shall not smoke or vape on Campus property.
5. **THAT I HAVE READ AND I UNDERSTAND THIS DOCUMENT AND ITS CONTENTS; AND THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS which I may have against the Releasees.**

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

**\*\*\*\* PRINT NAME BELOW LINE, SIGN ABOVE LINE \*\*\*\***

\_\_\_\_\_  
Witness [print name]: \_\_\_\_\_

\_\_\_\_\_  
Participant [print name]: \_\_\_\_\_

\_\_\_\_\_  
Witness [print name]: \_\_\_\_\_

\_\_\_\_\_  
Guarantor (parent/guardian): \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_