



2024 NG PRIDE PARADE REGISTRATION FORM



BUSINESS/COMMUNITY GROUP/CORPORATION**

Full Name of Business: _____

Name of Team Leader for this Group: _____

Phone Number of Team Leader: _____

How many individuals will be joining your group: _____

Address of Business: _____

Email Address: _____

Are you a:

Community Service (\$25)

Local Business (\$50)

Corporation (\$75)

For Payments:

- E-transfers can be sent to payments@ngpride.ca OR
- Use Debit/Credit at <http://tinyurl.com/5n7dm3k4>

****IMPORTANT:** Completed form must be sent to events@ngpride.ca no later than **May 11, 2024****

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

Have all participants 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 TEAM LEADER FOR GROUP

SIGNATURE OF TEAM LEADER FOR GROUP

Internal



**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 2nd 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: _____