

# The City of Oxnard Veterans Day Parade

Friday, November 11, 2016

**OFFICE USE ONLY**

Rec'd: \_\_\_\_\_

Parade #: \_\_\_\_\_

Check In: \_\_\_\_\_

## Veterans Day Parade Entry Application

**Deadline: FRIDAY, NOV. 3, 2016**

The Veterans Day Parade starts at 10:00 am with the parade route beginning at Third & "B" Street and ending at Plaza Park. A ceremony will take place at the Veteran's Memorial upon completion of the parade. ALL parade participants must check in.

*Please complete all pertinent information. Please print or type clearly!*

Organization: _____	Contact: (____) _____	
Contact Person: _____	(____) _____	
Mailing Address: _____	Fax #: (____) _____	
	Email: _____	
Entry Type:		
<input type="checkbox"/> School Band	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Ceremony Performer
<input type="checkbox"/> Drill Team	<input type="checkbox"/> Color Guard	<input type="checkbox"/> Ceremony Speaker
<input type="checkbox"/> Equestrian	<input type="checkbox"/> Grand Marshall	<input type="checkbox"/> Dignitary
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Armed Forces: _____
<input type="checkbox"/> Mascot	<input type="checkbox"/> Trailer/Float	<input type="checkbox"/> *Information Booth: _____
Description of Entry (including performance routine, music, uniforms, brigade, vehicle/trailer length, etc.)		
_____		
_____		
Special Needs: _____	Approx. Size of Group: _____	

*\*Subject to change*

Please send your application to: **The City of Oxnard**  
**Attn: Daniel Martinez**  
**300 West Third Street, 4th Floor**  
**Oxnard, CA 93030**

### QUESTIONS?

Please contact Daniel Martinez at (805) 385-7803 or by email at [Daniel.Martinez@oxnard.org](mailto:Daniel.Martinez@oxnard.org).

### WAIVER OF LIABILITY

In consideration for being permitted to participate in the Oxnard Veterans Day Parade, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which may occur as a result of participation in this activity. This release is intended to discharge in advance, the City of Oxnard, its officers and employees, sponsors, contractors, volunteers and agents from any liability arising out of, or connected in any way with, my participation in this activity, even though that liability may not rise out of the negligence or carelessness on the part of the persons or entities mentioned above. I agree for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the persons and entities mentioned above and their respective elected and appointed officers, official agents and employees from any and all claims, demands, actions or suits arising out of or in connection with my participation in this activity.

**I have read the "Waiver of Liability" and the vendor information included with this application form and agree to the terms and conditions as outlined for the activity.**

Signature \_\_\_\_\_ Date \_\_\_\_\_