

EVENT WAIVER/RELEASE

Assumption of Risk / Waiver of Liability / Indemnification Agreement

2025 HORSETOWN PARADE OF LIGHTS AND CHRISTMAS FESTIVAL EVENT AND COMMUNICABLE DISEASES INCLUDING COVID-19

	Group Name:		
	In consideration of being allowed to participate at the City of Norco 2025 Horsetown Parade of Lights and Christmas Festival, related events and activities included but is not limited to listed events/activities:		
1.	 I fully understand that my participation in the City of Norco 2025 (hereinafter "event") which includes but is not limited to events and rock wall, petting zoo, games, vendors, activities, crafts, hayrides, the risk of personal injury, death or property damage. I hereby ackrand agree to assume any such risks; and 	activities such as parade, games, vendors, train rides, /olunteers, Committee Members, which exposes me to	
2.		or in connection with, my participation in the events from	
3.		ghts Committee or City of Norco from any and all claims,	
4.		diseases including but not limited to MRSA, influenza,	
5.			
6.	 I willingly agree to comply with the stated and customary terms and infectious diseases. If, however, I observe any unusual or significant 	conditions for participation as regards protection against nazard during my presence or participation, I will remove	
7.	myself from participation and bring such to the attention of the neare 7. I, for myself and on behalf of my heirs, assigns, personal represent HARMLESS the Parade of Lights Committee or City of Norco, Georg	atives and next of kin, HEREBY RELEASE AND HOLD	
	agents, and/or employees, other participants, sponsoring agencies lessors of premises used to conduct the event ("RELEASEES")		
	DISABILITY, DEATH, or loss or damage to person or property OF RELEASEES OR OTHERWISE, to the fullest extent permi	, WHETHER ARISING FROM THE NEGLIGENCE	
Participant Name:			
P	Participant Signature:	Date:	
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.			
Pa	Parent/Guardian Name:		
Pa	Parent/Guardian Signature:	Date:	

If you are applying to participate in this event as a group with more than one participant, please use next page to collect the names and signatures of all participants.

A parent/guardian signature is required for all participants of minority age.