

## **Holiday Lighted Parade**

**Parade Sponsor: Josleyn Transport** 

Date: Saturday, December 2nd, 2023
Time: 6 PM; line up by 5:15 PM
(Municipal Parking Lot across from Police Station on corner of N. Jackson St. and Wall St.)





## HOLIDAY LIGHTED APPLICATION FORM

Parade Meeting: Tuesday, November 28th at 5PM Where: Virtual via Microsoft Teams

Each parade entry must have a representative present at this meeting. The meeting will be recorded for others who are unable to attend. We will discuss rules and regulations and answer any questions. Parade representatives attending the meeting should have their emails noted in the "Additional Email(s)" section.

## Items to be completed:

- ✓ Mail, email, or drop off this application.
- ✓ Please write a brief description below about your parade entry. This will be read by our parade announcers stationed at the Marvin W. Roth Community Pavilion and near Hedberg Public Library on Main St.
- ✓ Entries that consist of a vehicle or float must provide a copy of a valid driver's license of the driver and a proof of liability insurance for the vehicle. Entries consisting of horses must have a Coggins certificate.

APPLICATION DUE – November 17, 2023 ALL OTHER DOCUMENTS DUE – November 28, 2023

Name of Entry/Group	Est. # of People
Contact Person	
Address	State 7in
Olly Dhone	State Zip Cell Phone
Email	Cell Filolie
Additional email(s) for parade meeting link invite	
Type of entry & size of entry (We encourage music!)	
(i.e.: youth, school, club, business, church, non-profit, la	rge vehicle-semi, type of animals, etc.)
***All entries, even walking groups must have lights as it	t is a lighted parade***
Please check all that apply that will be included with you Vehicle (limit of 2/entry) Float Walking I	
Entry Announcement (Read during parade. Max of 3 se	entences and 30 words if more it will be reduced to first 30 words)
f an award winner last year, please indicate what numb	er position you would like to be in for this year's parade order:
NO FEE FOR ENTRY!	Please return completed form:
	e: City of Janesville, Recreation Division
18 N. Jackson St., P.O. B	ox 5005, Janesville, WI 53547-5005
Via email: slap	paks@ci.janesville.wi.us
Please contact the Recreation office at (608)	755-3030 or slapaks@ci.janesville.wi.us with questions
have read and understand the procedures, rules, &	regulations. (Initials in box)
Waive	er for Participation
n consideration of the CITY'S acceptance of my/our use of its pr	remises and equipment and upon payment of fee, if any, for participation in the signing for, and for my/our heirs, executors, assigns and administrators waive as

event/activity, I hereby, for myself, and any minor for whom I am signing for, and for my/our heirs, executors, assigns and administrators waive and release any and all rights, claims and causes of action for damages, injuries, and payments whatsoever that I may have against the CITY OF JANESVILLE, a Wisconsin municipal corporation located in the County of Rock, and each and every of the CITY'S elected and appointed officials, employees, representatives, agents, heirs and assigns, jointly and severally, from and suffered by me and/or the minor (if any) named herein at any activity, event, or place sponsored by the CITY OF JANESVILLE or other organizations or persons utilizing CITY OF JANESVILLE properties or equipment. This waiver and release applies to any and all activities, including arrival and departure from CITY, public or private property. I/we agree to hold harmless the CITY OF JANESVILLE, and each and every of its elected officials, employees, representatives, agents, and their executors, administrators, heirs, and assigns, for any and all injuries incurred upon CITY OF JANESVILLE property, or events related to such participation once I have entered upon the CITY'S property, or the activity or event. I am assuming any and all responsibility for any and all injuries, damages, risks and claims. By signing below, I acknowledge reading the above waiver statement.

Signature Date	
----------------	--