

**THE TOWN OF NEW MILFORD
IN HONOR OF ALL VETERANS
10 MAIN STREET, NEW MILFORD, CONNECTICUT 06776
Phone: 860-355-6010
Fax: 860-355-6002**

Parade Date: May 29,2023, 9 AM set up 10 AM Start

The form must be completed and returned by May 20th, 2023

This form must be received, along with the release of liability and proof of insurance by the day listed above to ensure your spot in the parade and there will be (NO) Exception or additions after this date.

NAME OF GROUP OR ORGANIZATION

GROUP _____ if this includes children, indicate ages

PARADE _____ type of equipment or floats in parade.

GROUP _____ how many people will be in your group.

The marching order of the parade shall be determined by The New Milford Veterans Committee

Your Name: _____

Address: _____

Proof of Insurance Policy Number: _____

Phone Number: Day Time _____ Cell or Evening Phone: _____

Email Address: _____

Notice to all participants, pertaining to registered participants and vehicles, (ALL) vehicles have to be registered and insured. Please note: FOR SAFETY REASONS: No one can walk along side of (ANY) float or trailer and all participants on the floats and trailers have to remain sitting all the time, while they are in motion. Also, no candy or anything else can be thrown from the floats.

The responsible person for each group and all floats and vehicles, will be required to sign the attached "Release of Liability Form" releasing The New Milford Veterans Committee, its members and the Town of New Milford from any responsibility in the event of bodily injury or property damage.

Failure to sign and comply with any and all guidelines pertaining to participation in the Memorial Day Parade festivities hosted by The New Milford Veterans Committee shall nullify and eliminate any opportunity to participate in the parade.

Our primary goal for everyone concerned is to have a good time and "BEING SAFE"

THE RELEASE OF LIABILITY FORM (SEE APPLICATION) must be completed, signed and dated or application will be denied and returned to contact person.

**THE TOWN OF NEW MILFORD
IN CONJUNCTION WITH THE NEW MILFORD VETERANS COMMITTEE
REQUESTS ALL PARTICIPANTS TO FILL OUT AND RETURN THIS FORM**

**RELEASE OF LIABILITY
New Milford, CT. Memorial Day parade, May 29,2023**

As a participant in the Memorial Day parade festivities, the undersigned recognizes and acknowledges that there are certain risks of personal injury, and the undersigned, individually and as agent for all who are involved with the particular group or organization, agrees to assume the full risk of injuries, including death, damages, or loss which may be sustained as a result of participation in the Memorial Day parade festivities.

The undersigned, individually and as agent for all who are involved with the particular group or organization, agrees to waive and relinquish all claims the undersigned may have a a result of participating in the Memorial Day parade festivities against the Town of New Milford, the New Milford Veterans Committee, American legion Post 31, New Milford VFW Post 1672, and their respective officers, agents, servants and employees from any and all claims from injuries, death, damages or loss which the undersigned may have or which may occur to the undersigned on account of participating in the memorial Day Parade festivities.

The undersigned further agrees to indemnify and hold harmless and defend the Town of New Milford, The New Milford Veterans Committee, American Legion Post 31, New Milford VFW Post 1672, The New Milford Chapter #45, of the Disabled American Veterans of the State of Connecticut, Inc., and their respective officers, agents, servants and employees from any and all damages and losses sustained by the undersigned or anyone involved with the particular group or organization and arising out of, connected with or in any way associated with participating in the Memorial Day Parade festivities.

The Waiver and Release has been thoroughly read and understood, and is given in consideration of the privilege to participate in the Memorial Day parade festivities. The Waiver and Release has been executed by the undersigned, which has the authority to represent and bind all involved with this particular group or organization.

Dated this _____ day of _____ 2023

Individually and as duly authorized agent for:

(Print Name of Organization)

By: _____