

# Pioneer Days 2018 Parade Registration

**Name of Organization/Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Number of participants on float:** \_\_\_\_\_

**Parade Float number (to be filled out by organizers of Parade):** \_\_\_\_\_

## LIABILITY AND PERSONAL INFORMATION WAIVER

The personal information provided will be used to register your organization in the Town of Gibbons Pioneer Day Parade and is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Gibbons Community Services at 780-578-2109

I \_\_\_\_\_, representing the \_\_\_\_\_ (organization entering float) agree that we are participating in the 2018 Gibbons Pioneer Day Parade voluntarily and completely at our own risk and hereby release the Municipality or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself.

We hereby  authorize  do not authorize (check one) the Municipality to use photographs taken of the aforementioned individuals while attending or participating in the 2018 Gibbons Pioneer Day Parade. Photographs may be used to promote future Municipality's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. No other use of these photographs will be allowed.

**Section 37 (b) and 38 (1) (c) of the Freedom of Information and Protection of Privacy Act requires that for a public body to use or disclose personal information, the individual the information is about has identified the information and consented, in the prescribed manner, to the use of that information.**

I, \_\_\_\_\_, representing the \_\_\_\_\_ (organization entering float) acknowledge having read and understood this liability release and accept the terms therein.

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