

Please scan and e-mail to [fallcityparade@gmail.com](mailto:fallcityparade@gmail.com)  
Or mail to FCCA PO Box 272, Fall City WA 98024

Date Received: \_\_\_\_\_

Confirmation: \_\_\_\_\_

# ***Fall City Day Parade***

## ***Saturday, June 8th 2024***

### **Kiddie Parade Waiver**

#### ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY

In consideration of my child or children participating in the Fall City Day Kiddie Parade, I hereby agree as follows:

I fully understand that there are potential risks and hazards associated with the Parade including, but not limited to, possible personal injury or property damage from tripping or falling. Despite the potential risks and hazards associated with the Parade, I want my child/children to participate and freely accept and assume all risks and hazards that may arise from his/her/their participation in the Parade and that could result in personal injury or property damage.

I release the officials, agents and volunteers of the Fall City Day Committee, Fall City Community Association (FCCA), and Encompass from any and all responsibilities of any nature, including claims for injury, illness death, loss or damage, resulting from my child's/children's participation in the Parade.

I further agree to indemnify and hold harmless the officials, agents and volunteers of the Fall City Day Committee, FCCA, and Encompass from any judgement, settlement, loss, liability, damage, or costs, including court costs and attorney fees that they may incur as a proximate result of any negligent or deliberate act or omission by my child/children during their participation in the Parade. In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my child/children named below.

Parent's Name (Printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's/Children's Name(s) Printed:

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