



PARADE ENTRY FORM

Rocky Hill Business District 6th Annual Christmas Parade & Festival

December 7, 2019, 3:00pm - 7:00pm - Parade steps off at 6:00

Deadline to Enter is October 31, 2019 or when we reach our maximum limit of 30 entries.

Return to Rocky Hill Family Dentistry, Attn. RHBD, 7427 S. Northshore Dr., Knoxville, TN 37919
Application Fee is \$75.00. Cash and checks accepted. Checks payable to Rocky Hill Business District
No Alcohol Allowed. Parade staff reserves the right to lower limit of entries due to entry size.
Entries are divided into groups/subgroups by type of entry and placed in the line-up by date of entry.
If you do not receive the confirmation, please contact us at rockyhillparade@gmail.com.
For more information, please visit our website www.rockyhillchristmasparade.org
or contact Susan Florian at 865-679-5970

I. Contact Information

Contact Name: _____

Business or Entrant: _____

Address/Zip Code: _____

Phone Number: _____ Email: _____

II. Entry Description

Describe Theme: _____

Total number of people participating in your unit: _____ How many will be walking? _____

The minimum age for participants in a walking group is 9 years old. All participants 8 years of age and younger must ride.

Any entries with children must have 1 adult for every 10 children.

Do you have vehicles/antique cars? _____ How many? _____

Please describe make/model, as well as total length: _____

Limit 2 vehicles per club and must travel side by side

Do you have a float? _____ Please describe _____

Total length of vehicles (needed for line-up layout) _____

Do you have animals _____ Please describe & how many _____

No horses or similar animals will be allowed without diapers.

Do you have music? _____ Is it a band? _____

Other _____ Live/recorded/amplified/etc.? _____

III. Hold Harmless Agreement

This waiver/Hold Harmless Agreement hereby states that _____, participant, acknowledges they are responsible for their actions and will not hold the City of Knoxville or Rocky Hill Businesses responsible for liability from their participation in the aforementioned community activity. Further, the undersigned applicant shall specifically hold harmless the individual members of the Knoxville Mayor and City Council members, the Rocky Hill Business District Board and its members or staff of any liability arising out of the applicant's participation in this event. I understand that the City of Knoxville and Rocky Hill Business District have no coverage for damages created by my participation (third party) because the City of Knoxville and Rocky Hill Business District have no insurable interest. **I have read the attached rules and will abide by all regulations stated therein.**

Applicant Signature _____

Date _____

IV. Insurance Coverage

Do you or your group have liability coverage? ____ Yes ____ No If so, please list the carrier's name and coverage amount and attach a copy..

_____ \$ _____

Carrier's Name

Coverage Amount