EQUESTRIAN ENTRY – 2016

Please Complete and Forward No Later Than May 20

Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address (P.O. Box, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number & types of horses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Insurance is required - Return with Entry One trophy per entry

 YES NO

 Carry flags \_\_\_\_ \_\_\_

 Be next to clown/float \_\_\_\_ \_\_\_

 Be next to band/bagpipes \_\_\_\_ \_\_\_

Announcer’s Script (15 seconds) – Please Print or Type

Phonetic spelling of difficult names

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Any Questions- Contact David Szymanski

Phone: (619) 319-5147 E-mail: coronado4thofjuly@usa.net

The undersigned named organization will not only complete this Parade Entry Application but also complete the Release of Liability, Waiver, and Assumption of Risks, on the back of this entry form, and shall obtain a $1 million General Liability Policy naming the City of Coronado & Coronado 4th of July Inc., as additional insureds and provide a copy of the General Liability Policy along with the policy endorsement.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note: If MINOR, parent or guardian must sign.

**City of Coronado and Coronado Fourth of July, Inc.**

**Release of Liability, Waiver, and Primary Assumption of Risks**

**$1 Million General Liability Policy**

The undersigned named organization, through its duly authorized representative, does hereby indemnify, defend and hold harmless the City of Coronado, its elected and appointed officers, officials, agents, employees and volunteers (“City Indemnitees”) and the Coronado Fourth of July, Inc., its officers, officials, agents, employees and volunteers (“Committee Indemnitees”) from and against any and all causes of action, claims, liabilities, obligations, judgments, losses, or damages, including reasonable attorney’s fees and costs of litigation (“claims”) arising out of, or in connection with, the attached Coronado Fourth of July Application for participation in the Fourth of July Celebration by the named organization and its officers, directors, members, agents, employees, contractors or volunteers, excepting only loss, injury, damage or cost that arise out of the intentional wrongful acts, violations of law, or sole active negligence of either the City or Committee.

The named organization shall reimburse the City of Coronado and/or the Coronado Fourth of July, Inc., for all costs, attorneys’ fees, expenses and liabilities incurred with respect to any litigation in which the named organization is obligated to indemnify, defend and hold harmless the City of Coronado and/or the Coronado Fourth of July, Inc., pursuant to the attached Application.

The named organization shall provide a defense to the City Indemnitees and/or Committee Indemnitees or, at the City‘s and/or Committee’s option, reimburse the City Indemnitees and/or Committee Indemnitees their costs of defense, including reasonable attorneys’ fees, incurred in defense of such claims; and the named organization shall promptly pay any final judgment or portion thereof rendered against the City Indemnitees and/or Committee Indemnitees with respect to claims determined by a trier of fact to have been the result of the named organization’s negligent or wrongful acts, errors, or omissions, provided; however, that the named organization’s obligation herein does not extend to liabilities, claims, demands, causes of action, losses, damages or costs that arise out of the intentional wrongful acts, violations of law, or sole active negligence of either the City or Committee. This provision shall survive the expiration or termination of this Application.

The person executing this document on behalf of, and duly authorized by, the named organization, represents and warrants that the named organization shall obtain, and during the term of this Coronado Fourth of July Application maintain, policies of comprehensive general liability and property damage insurance from a carrier authorized to be in business in the State of California in an insurable amount of not less one million dollars ($1,000,000) per occurrence. These insurance policies must name the City of Coronado & Coronado Fourth of July, Inc., as “additional insureds.” The Committee shall be provided with a Certificate of Insurance and Policy Endorsement naming the City and Committee as “additional insureds.”

This Release of Liability, Waiver and Assumption of Risk shall not be limited by any provision of insurance coverage the named organization may have in effect, or may be required to obtain and maintain, during the term of the Application.

This document shall survive the expiration or termination of the Application.

The person executing this document on behalf of, and duly authorized by, the named organization, further represents and warrants to the City of Coronado and Coronado Fourth of July, Inc., that he or she has the authority to execute this Release of Liability, Waiver, and Primary Assumption of Risks, and that he or she has read and understands the above statements fully and thereupon affixes his or her signature below.

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

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