

**2019 Spirit Valley Days Parade Entry Form**

**Thursday August 1st, 2018**

Name of Entry: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Entry Consists of: Float (on a trailer, being pulled) \_\_\_\_\_ Vehicle(s) \_\_\_\_\_

People Walking \_\_\_\_\_ # of people \_\_\_\_\_, Band or Music group \_\_\_\_\_ Horses \_\_\_\_\_

Please describe your entry:

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Entry Fees: If paid on or before July 5th = \$100.00, paid after July 5<sup>th</sup> = \$130.00. Parade Date: Thursday August 1st, 2019.

Please mail completed entry materials to: Spirit Valley Days Parade, PO Box 7091, Duluth, MN 55807

**Include the following:**

1. Parade Entry Form
2. Hold Harmless Agreement
3. Proof of Vehicle Insurance
4. Entry fee payable to Spirit Valley Days (Cancellations after July 12th, will not be refunded).

Payment by credit card can be done through PayPal on the website: [spiritvalleydays.com](http://spiritvalleydays.com)

Application materials may be emailed to [spiritvalleydays@gmail.com](mailto:spiritvalleydays@gmail.com). If you have questions or need additional information, please contact: [spiritvalleydaysinfo@gmail.com](mailto:spiritvalleydaysinfo@gmail.com)

**Spirit Valley Days Parade Acknowledgement Notice  
and Indemnification Notice (Hold Harmless Agreement)**

In consideration of participation in the Spirit Valley Day's Parade,

(organization) \_\_\_\_\_ agrees to assume full responsibility and liability, and to defend, indemnify and hold the West Duluth Business Club harmless for any losses, damages, costs, expenses, and disbursements (including, but not limited to attorney's fees) incurred by the West Duluth Business Club arising out of any claims, injuries, demands, allegations, actions, or suits caused by, or as a result of the participation of the aforementioned organization in the Spirit Valley Days Parade.

(organization) \_\_\_\_\_ represents and warrants that the person executing this Acknowledgement Notice and Indemnification Agreement has full and complete authority to bind the organization.

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

Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_