	Parade Entry Group Name:
Swallow's Day Parade	
Participant Liability Waiver Must Be Signed	
WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE	
I, (FULL NAME), fully understand that no Day Parade (hereinafter "event/class") exposes me to the risk of perdamage. I hereby acknowledge that I am voluntarily participating in assume any such risks.	rsonal injury, death, or property
I hereby release, discharge, and agree not to sue the Fiesta Association Capistrano for any injury, death, or damage to or loss of personal proconnection with, my participation in the event/class from whatever copassive negligence of the Fiesta Association or City of San Juan Capin the event/class. The parties to this AGREEMENT understand that release any party from any act or omission of "gross negligence," as case law and/or statutory provision.	operty arising out of, or in ause, including the active or pistrano or any other participants this document is not intended to
In consideration for being permitted to participate in the event/class, heirs, administrators, executors, and assigns, that I shall indemnify, Fiesta Association and the City of San Juan Capistrano from all clair arising out of or in connection with my participation in the event/class	defend, and hold harmless the ms, demands actions or suits
I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS A AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT LIABILITY AND SIGN IT OF MY OWN FREE WILL.	
Participant Name (Please Print)	Date
Participant Signature F	Phone
DECLARATION – Signed by Parent or Guardian (If participant is under age 18)	
I,, under the laws of the State of California that I am the parent or legal declare that I shall indemnify, defend, and hold harmless the Indemi and all Claims resulting from, incident to, or arising out of Minor's parent and all risks assumed by Minor and me above, and/or the breach of representations made by me herein and/or in the above Release.	nified Parties from and against an articipation in the event/class, any
By:	
By: Signature of Parent/Legal Guardian	Date
Name:	
	Phone