2222 West 14400 South
Bluffdale, Utah 84065
Office: 801-254-2200
Fax: 801-253-3270

BLUFFDALE OLD WEST DAYS® PARADE PARTICIPANTS

Business, Organization, or Entry Name: _____

Contact Name: _____ **Phone:** _____

Parade Terms and Conditions

I understand that all fees, once paid, are non-refundable including if an event is cancelled. The City of Bluffdale (the "City") reserves the right to accept or reject any registration in its sole discretion. I, for myself and on behalf of my executors, minors, administrators, heirs, successors and/or assigns, hereby forever waive, release and discharge, and further, do hereby agree to indemnify, defend and hold harmless the City and the sponsors, coordinating groups and any individual associated with the City, including persons or entities associated with Bluffdale Old West Days® (OWD) from and against any and all claims of liability of any kind or nature whatsoever, including without limitation, death, personal injury, contraction of a contagious virus or disease, lost, stolen or damaged property, or otherwise, which claims arise out of or are related to my participation in OWD. I agree to abide by all rules and guidelines, including but not limited to the rules stated on registration forms and the City's websites, as the same may be amended by the City at any time in its sole discretion, and understand that failure to abide by any rules and guidelines could lead to immediate removal from my participation in OWD, in the City's sole discretion. I hereby grant full permission to use my name and any photographs, videotapes, motion pictures, recordings, or other record of OWD for any purpose. Finally, I understand that my participation in OWD activities could be potentially hazardous to me, and that I should not enter and participate unless I am physically able. I recognize that there are potential risks associated with my involvement in OWD, and I have the responsibility and obligation to determine the potential risks associated with the activities I participate in, including but not limited to, accidents/injuries, contact with other participants, contracting a communicable disease or illness, effects of weather and conditions of the road, and so forth, and I agree to fully assume such risks. I understand I am solely responsible for my own safety while traveling to and from or participating in any event. In signing this form, I acknowledge I have read and fully understand my own liability and do accept the risks and restrictions as a condition to my participation in the OWD. Minors will be accepted with a parent's signature.

Participant Signatures
This form may be duplicated for additional participants and may be executed as counterparts.

Participant	Parent, Guardian, or Responsible Party (if applicable)	Date
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