



Pride Collective & Community Center
810 4th Ave S., Suite 220
Moorhead, Minnesota 56560
www.fmpride.com

FM Pride 2010 Parade Participation Form
2:00 p.m. Sunday, August 15, 2010 — Downtown Fargo

Organization: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Check all that apply: Driving Float Walking

Approximate number of participants: _____

All parade participation forms will be reviewed by the FM Pride 2010 Planning Committee. The FM Pride 2010 Planning Committee reserves the right to approve or deny the participation of any parade contingent.

Participants are expected to abide by all applicable city and state laws. We welcome participation of individuals, businesses, groups and organizations that support equality and respect for the lesbian, gay, bisexual and transgender (LGBT) community.

We look forward to each participant acting with dignity and respect toward all they may encounter along the parade route.

Parade line-up will be at 1:30 p.m. at the intersection of Broadway and 1st Ave. S.

AGREEMENT: WAIVER OF RESPONSIBILITY

For consideration to participate in the FM Pride 2010 Parade to be held Sunday August 15, 2010

I _____ the signer for myself and my group,
including all successors and representatives:

1. Agree to abide by all applicable city and state laws.
2. Acknowledge that I fully understand that I will be engaging in activities that involve risk, including injury, death and economic loss.
3. Assume any and all risks to myself, my group, and or my/our property.
4. Agree to indemnify, defend and hold harmless the Sponsor, officers and volunteers from any and all claims, liabilities, losses and expenses caused by or arising in connection with the parade.
5. If driving a motor vehicle or float in the parade, I declare that I am fully insured to operate said vehicle/float and that I carry liability insurance to cover property damage and physical injury to others.
6. If participating in the parade with an animal, I declare that I will take total responsibility for any actions of the animal.

By signing this form, I acknowledge having read this form and agree to all rules and regulations. I have read these guidelines to the members of my group and have discussed them thoroughly prior to the parade.

Signature of Contact Person

Date

Please send completed form to the address above. Please return 2 weeks prior to the event. The event will take place rain or shine.