

Corning's Gaffer District PARADE – REGISTRATION FORM

Circle one: Memorial Day Parade or Parade of Lights

PLEASE PRINT

Organization _____

Contact Name _____

Complete address _____

Phone # _____

Description of Activity _____

Will Your Unit Have Music YES NO

Float Marching Band Fire Truck VIP Misc. Vehicle

Clown Antique Car Horses Other _____

Size of Entry _____

Comments/Questions _____

I/we, _____ hereby warrant that I/we are independent contractor(s) and agree to indemnify and save harmless Corning's Gaffer District and the City of Corning from and against any loss or expense by reason of any liability imposed by law upon the sponsors or the City of Corning and from and against claims against the sponsors and the City of Corning for damages because of bodily injuries, including death, at any time resulting there from, accidents sustained by any person or persons on account of damage to property rising out of or in consequence of Memorial Day parade whether such injuries to persons or damage to property are due to or claimed to be due to any negligence of the sponsors or the City of Corning, their agents, servants, or employees or any other person.

Signature _____ Date _____

Send to:
Corning's Gaffer District
114 Pine Street, Suite 202
Corning, NY 14830

For questions contact Stacie Rosewood-Boyskey, Promotions Associate
Phone: 607-937-6292 ext 105, Fax:607-936-3112, Email:stacie@gafferdistrict.com

