

Clarksville
CHRISTMAS PARADE
Saturday, December 2

Registration Application

Name of Applicant: _____

Name of Company / Organization: _____

Address: _____

Contact Phone Number: _____

Contact Email Address: _____

Check appropriate classification for your entry.

Float Walking Motor Vehicle (without float)

Will your entry include horses/animals? Yes No

Will you be playing music? Yes No

Approximate size of float or walking group: _____

Brief Description of your float/group/vehicle: _____

I, _____ (print name), acknowledge that my participation in the Clarksville Christmas Parade involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge the Clarksville-Johnson County Chamber of Commerce and the City of Clarksville, and their respective directors, officers, employees, affiliates, members, sponsors, agents and representatives of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the Clarksville Christmas Parade.

Signature of Applicant: _____ Date: _____

Mail/Deliver completed Registration Application to:
Clarksville – Johnson County Chamber of Commerce
101 N Johnson St, Clarksville, AR 72830

For more information, call (479) 754-2340, or contact Sue Carlton at SCarlton@ClarksvilleARChamber.com.