

# Locust Grove Christmas Parade Application

December 2nd, 2017



Please complete information below to enter the parade

Contact person: \_\_\_\_\_

Type of entry: \_\_\_\_\_  
(Boy Scouts, Tractor, float antique car/truck, horses, etc)

Phone/Day: \_\_\_\_\_ Night: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The parade line up will be at Locust Grove Elementary, on Martin Luther King Jr. BLVD at 9:15 am-9:45 am. Parade begins at 10:00, ending at Locust Grove City Hall

We want the parade to be fun, safe and enjoyable for viewers, drivers, and all participants, especially the children. **Safety is our 1st priority.**

**S** mile at all times, safely wave to viewers, but keep one eye on the road.

**A** ll should maintain safe operation, so as not to endanger viewers or riders.

**F** lying candy can hurt, remind your folks to toss up and out, not throw.

**E** very vehicle should include a passenger to watch both sides of roadway.

**T** hink, maintain a safe distance from the vehicle, group, etc. in front of you.

**Y** ou must maintain a safe speed at all times, even when caching up.

**F** ree candy invites kids to the street. Watch for kids getting candy from the roadway

**I** f vehicle experiences problems, pull safely to side of roadway.

**R** unning and current political candidates may have their name and position signs

**S** topping of vehicles is prohibited and politicians are not allowed to walk.

**T** hank you for your participation and enjoy Christmas in the Grove!

**Please sign and date below**

I hereby and forever discharge the City of Locust Grove/Locust Grove Main Street, Inc., all sponsoring organizations and their directors, officers, employees, agents, and volunteers from all manner of actions, suits, damages, claims, and demands whatsoever in law of equity from any loss or damage arising out of or in conjunction with the Christmas in the Grove event, which is not responsible for any injury sustained. I have read this waiver and am aware this is a release of liability and I agree of my own free will.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

You may e-mail, fax, or mail your completed form to:

Anna Ogg

[aogg@locustgrove-ga.gov](mailto:aogg@locustgrove-ga.gov)

FAX 770-954-1223

City of Locust Grove

P.O. Box 900, Locust Grove, GA 30248