



# Parade Entry Form

**PARADE DAY IS SATURDAY,  
JULY 13, 2024**

## PARADE GUIDELINES

1. All participants enter the parade at their own risk. The Lacombe Days Association, the City of Lacombe, and Lacombe County assume no liabilities. All entries shall provide their own liability insurance.
2. Entries must be positioned at the marshalling area before 8:30am to be judged. Entries must be totally assembled and participants be ready to be judged by this time.
3. Lacombe Days Association reserved the right to refuse access to the Parade by any entry deemed unsuitable or dangerous.
4. Soliciting funds is NOT permitted. Hand-out literature MUST be pre-approved by the Lacombe Days Committee. Samples of handouts MUST be sent before Entry Deadline.
5. Entries must not deviate from the established parade route unless directed by a police officer or parade official.
6. No smoking or alcoholic beverages are allowed on parade entries or by parade participants.
7. **Items such as candy, balloons, etc. may be given out to spectators by 'walkers' who accompany the entry and hand out treats from a safe distance by using small bags or pails. There is to be NO THROWING of candy, etc. from the floats for the sake of safety. Failure to hand out candy as stated will result in being prohibited to participate in next year's parade.**
8. Along the parade route you may encounter traveling parade marshals who have the authority to ask you to slow down, speed up, etc.
9. Any entry with ANIMALS **must provide proof of liability insurance and signed waiver form** along with their entry form.

Liability insurance must include Lacombe Days Association, City of Lacombe, and Lacombe County as additional insureds. Bring your own pooper scooper.

**10. Drivers of motorized vehicle must be at least 16 years of age. NO EXCEPTIONS.**

11. Any parade entries with a musical element must let organizers know at the time of submitting this entry form.

12. All conduct must be appropriate as this is a family focused event.

**Parade will be held rain or shine  
Marshalling begins at 7:30am  
Judging begins at 8:30am sharp  
Parade starts at 9:30am**

**MARSHALLING AREA:** Enter parade marshalling area in field area of Ecole Lacombe Junior High School, **5830 – 50<sup>th</sup> Street.** Parade route is approximately 3km in length.

## JUDGING CATEGORIES

(PLEASE CHECK WHERE AVAILABLE)

- CLUBS & ORGANIZATIONS** – any entry representing a community organization built by volunteers
- COMMERCIAL NON-PROFESSIONAL** – any entry built by volunteers to represent a business
- PROFESSIONAL** – any entry built by professionals representing a business or organization
- MUNICIPALITIES** – any entry representing a town, city, village, etc.
- HORSE & RIDER/HORSE DRAWN VEHICLES (ANIMAL)** – any group or individual mounted on horses, mules, etc. or accompanied by animals
- ANTIQUÉ** – any antique motorized vehicle

*Please check off if you want your entry to be:*

- JUDGED**
- NOT JUDGED**

**YOUR COOPERATION IS APPRECIATED TO HELP MAKE  
THE PARADE SAFE FOR EVERYONE!**

## **LACOMBE DAYS 2024 PARADE ENTRY FORM (Deadline to enter: Mon. July 8, 2024)**

**Name of Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Category – including a brief description of entry (float, walkers, music, vehicle, etc.):** \_\_\_\_\_

\_\_\_\_\_



## Parade Entry Form

**WAIVER FOR LACOMBE DAYS PARADE APPLICANT**  
**(ONLY NEEDED FOR ENTRIES WITH ANIMALS)**

(Parade starts 9:30am SATURDAY, JULY 13, 2024)

\_\_\_\_\_  
Name of Business/Organization

Phone: \_\_\_\_\_ On-site Contact Name: \_\_\_\_\_

On behalf of the business/organization name above and all participants in the entry, I, the undersigned, agree that neither the Lacombe Days Association, the City of Lacombe, nor the Lacombe County, or any agent, employee, or volunteer of these groups, assume any responsibility for any personal injury or property damage suffered in connection with the Lacombe Days Parade or Lacombe Days Festivities however cause (including negligence and excepting only willful misconduct) and agree to release and hold harmless such parties from any claims for such injury or damage.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE PROVIDE PROOF OF GENERAL DAMAGE INSURANCE INFORMATION

#### Liability and Property Insurance

\_\_\_\_\_  
Insurance Company, Address

\_\_\_\_\_  
Policy No.

\_\_\_\_\_  
Expiry Date

Please complete this form, retain a copy for your records, and return one completed copy to the  
**Lacombe Days Association, PO Box 9006 RPO Town Centre, Lacombe, AB T4L 0G5**  
Email: [info@lacombedays.ca](mailto:info@lacombedays.ca) or Fax: 403-782-2530 or call Chris Ross 403-505-2124

Web: [www.lacombedays.ca](http://www.lacombedays.ca)  
[info@lacombedays.ca](mailto:info@lacombedays.ca)

Email: