



BED RACE PARADE APPLICATION - UNIT # _____ July 13, 2017

NAME OF BUSINESS UNIT _____

CONTACT PERSON _____ PHONE # _____

EMAIL _____

ADDRESS _____

CITY _____ ZIP CODE _____

TYPE OF UNIT: Bed Race Bed

ALL BED UNITS PARTICIPATING IN THE PARADE MUST ALSO PARTICIPATE IN THE BED RACE EVENT

LENGTH OF UNIT: # of feet *limited to 10' per bed unit* _____

(NO vehicles) All equipment **MUST** fit within this length. **ANIMAL UNITS:** Units **MUST** provide their own clean up. Enclose clean-up plan with application: _____ .

WAIVER OF LIABILITY OR INSURANCE: Waiver must be signed or provide **MGCO** with appropriate insurance information as explained below.

PLEASE RETURN THE FOLLOWING ITEMS: Returned with Bed Race Application by June 13, 2017

✓ **Signed Application (SEE BELOW)** ✓ **Waiver Signed (SEE BELOW)** or insurance binder

RETURN TO:

MGCO Maple Grove Days c/o Pierre Bottineau Parade
C/O Thomas Anderson
7081 Carey Ln, Maple Grove, MN 55369

FOR MORE INFORMATION CALL:

Parade Hotline (763) 494-5985 or for event information visit www.maplegrovedays.org

BY SIGNING, VENDOR AGREES, ACCEPTS AND HAS READ THE RESPONSIBILITIES, RULES AND REGULATIONS OF THE CONTRACT. WAIVER OF LIABILITY RESPONSIBILITY: INDEMNIFICATION –

to the extent permitted by law, participant hereby agrees to protect, indemnify, defend & hold harmless Maple Grove Community Organization (**MGCO**), the City of Maple Grove, Maple Grove Rotary, all respective officers, employees, agencies, insurers and volunteers against all claims, losses or damages to persons or property and costs (including reasonable attorney's fees) arising out of or connected with the events associated with Maple Grove Days, including, but not limited to: the set-up, removal, maintenance, occupancy or use of the property, owned or rented by **MGCO**, the City of Maple Grove and its affiliates, except those claims arising out of the sole negligence or willful misconduct of **MGCO**.

If you prefer, you may provide Maple Grove Community Organization (**MGCO**) with a copy of your Insurance Binder, Certificate of Insurance in the amount of \$2,000,000 liability, naming **MGCO** and the City of Maple Grove as an additional insured. For more information, contact Deb Syhre at 763/420-7258.

NAME OF BUSINESS/ORGANIZATION: _____ DATE: _____

*****AUTHORIZED SIGNER***** _____ TITLE: _____

The parade has limited space for each category and fills very quickly, **DON'T DELAY** return your application today! Deadline: **June 15, 2017** (or until parade spaces fill).