

Parade # assigned \_\_\_\_\_

Application Due October 8, 2021

(parade chairman assigns #)

**2021 Effingham County Fair Parade Application**

**Parade Date: Monday, October 18, 2021, at 5:00 pm**

**Line-up starts no later than 4:30 pm on Madison Street, Springfield, Ga.**

Date Submitted \_\_\_\_\_

**No flyers** are allowed along parade route. Candy or any other items **MAY NOT BE THROWN** into the crowds or from vehicles, but maybe handed to folks on the parade route.

Entry Name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Number of units in Group: \_\_\_\_\_

Brief description of entry: \_\_\_\_\_

Please provide information for parade judges: \_\_\_\_\_

**Liability Release Statement:** In consideration of granting the right to participate in the Effingham County Fair Parade and by execution of this entry form, I, my organization, and any related participants or entrants hereby release and discharge the Effingham County Fair Committee, its officers, directors, employees, representatives and anyone else connected with the management or presentation of the Effingham County Fair Parade of and from any and all known or unknown damages, injuries, losses, judgements and/or claims from any cause whatsoever that maybe suffered by any entrant or participant to his person or property. Further, each entrant or member or participant of the entrant's organization expressly agrees to indemnify and hold harmless the Effingham County Fair Committee, its officers, directors, employees, representatives, and anyone else connected with management or presentation of the Effingham County Fair Parade, of and from any and all claims of liability occasioned or resulting from the actions or conduct of entrants, entrant's guest, entrant's entry or unit, whether it be motor powered, animal or animal drawn or otherwise, or any participant assisting or cooperating with entrant, whether under the direction or control of entrant, or not under said control or direction.

Signature: \_\_\_\_\_ (Must be 21 years or older)

Return Application to: Springfield City Hall

Walton White

P.O. Box 1

OR

977 Zittrouer Rd.

Springfield, Ga. 31329

Guyton, Ga. 31312

OR email to [waltsanwht@aol.com](mailto:waltsanwht@aol.com)