



Nomination Form May Day Procession Monday 1st May 2017

Floats need to assemble at 9.30am Cnr Ash and Willow Streets Procession Starts 10am Sharp!

I/We hereby nominate

(Name of Company/Organisation/Individual)
for the May Day Procession in the following Category
(Please tick your choice)

- Best Decorated Float
- Best Decorated Business Float
- Most Original Float
- Most Humorous Float
- Best Sporting Float
- Best May Day Theme Float
- Best Decorated Animal/Drawn
- Best Decorated Bicycle/Scooter Boys/Girls
- May Day Princess will be on our float (ages 5-10)

Name of Princess: _____

Signature _____

PLEASE RETURN COMPLETED FORM TO GAY GESCH, 23 YEW STREET (leave in the letter box) or
EMAIL TO froggy17@bigpond.com

Funded by Queensland Government and Barcaldine Regional Council



LIABILITY WAIVER AND CONSENT FORM

In consideration of permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- a) I waive, release and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my travelling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: May Day Fundraising Committee and/or their committees, volunteers, representatives, the event holders, event sponsors, event volunteers.

- b) I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this activity. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

- c) I understand that at this event, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the May Day Fundraising Committee event holders, sponsors, organisers and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONSENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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| PARTICIPANTS NAME (please print) | Age | ___/___/___ Date |
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| SIGNATURE (if under 16 years a Parent/Guardian must also sign) | ___/___/___ Date |
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|-----------------------------|---------------------|
| WITNESS' NAME AND SIGNATURE | ___/___/___ Date |
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PARENT/GUARDIAN WAIVER FOR MINORS (under 16 years)

The undersigned parent or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in this event, and has agreed individually and on behalf to the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any legal defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

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|----------------------------------|-----|---------------------|
| PARTICIPANTS NAME (please print) | Age | ___/___/___ Date |
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| NAME AND SIGNATURE OF PARENT/GUARDIAN (please print) | ___/___/___ Date |
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| WITNESS' NAME AND SIGNATURE | ___/___/___ Date |
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