



**WAIVER AND RELEASE OF LIABILITY FOR FLOAT DECORATOR**

**Participants Name:** \_\_\_\_\_

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

**Home number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

( ) I am over the age of 18. ( ) I am under the age of 18. **Date of birth:** \_\_\_\_\_

**What group are you with? :** \_\_\_\_\_

**Emergency contact information:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

I, wish to participate in the decoration of a Rose Parade Float being built and decorated by PHOENIX DECORATING COMPANY, INC. ("Phoenix" herein). I certify that I am in good physical, mental and/or emotional condition and there is nothing affecting my ability to decorate a float. I understand that if I have a physical, mental and/or emotional condition that will preclude me from performing any activity, that I must immediately disclose it to Phoenix:

Phoenix in its sole and exclusive discretion may determine that a participant will not be allowed to decorate a float.

Further, I understand that many of the activities that I will engage in which include among other things, climbing on ladders or scaffolding, the use of tools, are dangerous and could result in my injury. Also, I understand that I will be working in a construction site where I will be exposed to construction materials and trip hazards that may result in my injury. I further understand that there are unknown risks not identified herein. I understand all risks associated with my participation as a float decorator and hereby assume any and all risks.

In the case of sickness, accident, or injury, Phoenix and its respective officers, agents, employees, members, its volunteers have my express permission to secure, at my expense, such medical attention as is deemed necessary in the sole discretion of Phoenix, its respective officers, agents, employees, members, and volunteers. Unless I list medication(s) that I am allergic to or treatment that I do not consent to below, I hereby represent that I have no restrictions with respect to any medication or treatment that I may be given:

I hereby assume any and all risks associated with my participation in decoration activities. In consideration of my participating in decorating activities, I voluntarily release Phoenix, the Pasadena Tournament of Roses Association and their respective officers, agents, employees, members, and volunteers from any and all liability for injury, death or property damage resulting from or in any way connected with my participation in decorating activities. This waiver and release is applicable even though the negligent activities of the Phoenix, the Pasadena Tournament of Roses Association and their respective officers, agents, employees, members, and volunteers may have caused or contributed to the injury, death, or property damage.

I understand that I may be photographed or videotaped. I hereby grant to Phoenix the right to use my name and likeness in any photograph, video, motion picture or other type of recording for any purpose it deems appropriate without obligation or liability to me.

The parent or legal guardian agrees that should a discipline problem concerning the minor participant arise at the decorating site, I or the person listed for emergency notification will immediately drive to the decorating site in Irwindale to pick up the participant. Neither Phoenix nor the Pasadena Tournament of Roses or their respective officers, agents, employees, members, and volunteers will be held liable for any expenses incurred.

**I HAVE READ AND AGREE TO THE PROVISIONS OF THIS RELEASE.**

\_\_\_\_\_  
Signature of participant                      Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian                      Date