

2019 National Cherry Blossom Festival Parade® Adult Participant Release Form

(Please Print in Black or Blue Ink Only)

Participant's First Name	MI_	Last Name							
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				 State	Zip				
								Ш	Ш
Phone	Sex DOB		Age						
I, the above individual, want to participate in April 13, 2019 along Constitution Avenue be	tween 7th and	17th Streets, NV	V, Washing	ton, DC				on Sati	urday,
2. Participate in the Event and notify my	Event supervis	sor if I am not ab	le to perfori	m a requ	ested to	ask.			
3. Acknowledge that I will not be compe	nsated for my p	participation in th	e Event.						
4. Assume all risks of personal injury, p with my heirs, executors and administrator Festival, Inc., the District of Columbia, the Productions Inc., WJLA-TV and each of successors, and assigns (collectively, "Present the collective of the collect	s, I waive all c National Park their respective	urrent and future Service, Event	e legal claii sDC, JM E	ms agair Best Ente	nst the ertainm	National ent Inc	al Che	rry Blo der the	ossom e Sun
5. Acknowledge that I am not covered b	y any Presente	r's insurance.							
6. Authorize any necessary medical trea	atment to me at	the Event, at m	cost.						
7. Indemnify and defend, together with actions, damages, costs or expenses, include party claims related to my participation in the	ding claims bas								
8. Not take any action that would negative requires.	tively impact the	e reputation of N	NCBF or the	e Festiva	al. I wil	leave	the Ev	ent if	NCBF
9. Allow NCBF and NCBF's agents, wit use, broadcast or produce derivative works									