Harris Days 2025

Parade Registration Form

Saturday July 26

Registration fee is $10.00 per vehicle/float/group etc. /All participants in the parade must

sign the release form.

Make checks payable to "The Harris Fire Relief". This is Due with registration.

Mail to: Tina Kolodziej 45322 Evergreen Ave. Harris, MN. 55032

Parade line up is at 10:00 and starts at 11:00

Name of Vehicle/Float/Group

By registering, the registrant is aware of and understands the inherent risks. Hazards and

dangers associated with the parade participation. The Parade may pose more or less risks,

hazards and dangers than those so enumerated, the undersigned nevertheless elects,

voluntarily, to enter and/or participate in the Parade on terms, conditions and covenants set

forth herein. In this regard, the undersigned hereby releases, waives, discharges

covenants not to sue and agrees to hold harmless the City of Harris Minnesota and

organizations related to Harris bays as well as it's officers, agents, sponsors, volunteers

and employees from all liability for any and all causes and claims of every type and nature

whatsoever in law or equity, including but not limited to negligence, property damage, injury

to person and/or death, or otherwise, without limitation arising out of or alleged to be

arising out of or resulting from, in which or in partly, the Parade, the pre-Parade formation,

staging, placement, judging, organizational meeting, post-Parade ceremonies, and any other

Parade event sanctioned by the City of Harris, Minnesota. The undersigned hereby

promises that the state of his/her physical health will on the day of the Parade, be

sufficiently sound to permit such person to safely participate. The undersigned

understands that he/she is responsible for monitoring his/her own condition throughout the

event.

By signing the document, I state that I have read and understand the conditions of

participating in the Harris bays Parade.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date