

**79<sup>th</sup> STUMPTOWN DAZE PARADE – HONORING ALL NATIONS - ENTRY FORM**

**August 23, 2025 11am on Main Street in Guerneville, CA 95446**

ENTRY: \$ 25.00 payable to Stumptown Parade/MMEF, to Mary Agneberg, P.O. Box 744, Guerneville, CA 95446

Or drop off at the Center for Sacred Studies, 13550 Church Street, Guerneville

Participant or Organization: \_\_\_\_\_ JR: \_\_\_\_ SR: \_\_\_\_

Person in charge of Charge of Contingent: \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Length of Contingent: \_\_\_\_\_ Loud Music, Noise or Whistles: \_\_\_\_\_

Name of contingent: \_\_\_\_\_ Heritage represented, if any: \_\_\_\_\_

Promo for announcers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial to signify that you have read the parade rules and will share them with members of your contingent: \_\_\_\_\_

**PARADE ENTRY WAIVER OF LIABILITY**

I, undersigned, as individual or as group representative, hereby release, remise and forever discharge MMEF/KGGV 95.1 FM, it's Officers, Directors, Employees, and Staff severally or jointly, the Parade Committee and all of the volunteers of and from any and all liability, claims, actions and possible causes of action which may accrue to any individual or member of the group from every and any loss, damage and injury (including death) that may be sustained while participating in the parade.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF GROUP OR INDIVIDUAL: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT  
(MUST BE SIGNED BY PERSON IN CHARGE OF THE CONTINGENT)**

I (we) assume all risk of bodily injury or property damage that I/We may incur in participating in the Stumptown Daze Parade, and I/We hereby, for myself, my child, my heirs, executors and administrator do hereby, expressly and forever waive and release any and all claims against and agree to hold harmless MMEF/KGGV 95.1 FM, CalTrans, Sonoma County, and all their respective Officers, Directors, Employees, Staff, Volunteers, Agents, Representatives, Successors or Assigns of any kind from all claims which may be made for any cause whatsoever arising as a result or in connection with the participation of me or my child or any other family member or persons in my group in the herein described event.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name: \_\_\_\_\_