UNCONDITIONAL WAIVER OF LIABILITY

directors and staff of the Krewe of South Parade to be held on or about February 2 includes inherent risks of injury or damage the efforts of said organizers officers, directly and participants in said parade, acknowled reasonable and affordable prices. Therefore Mardi Gras Parade of the Krewe of South	recognize the efforts of the organizers officers, adowns, Limited, to put on its annual Flambeaux Mardi Gras 24, 2017. I also recognize that participation in said parade e to myself and to others. I further recognize and acknowledge rectors and staff to obtain full coverage insurance for all riders alging their inability to obtain such blanket insurance coverage at the re, in return for the privilege of participating in the Flambeaux downs, Limited, I hereby give this, my unconditional waiver of and in favor of the Krewe of Southdowns, Limited, together with staff.
officers, directors and staff from any and suffer as a result of participation in said p agree to hold the Krewe of Southdowns, harmless from any claim by, on, or again	ne Krewe of Southdowns, Limited, and all of its organizers of all liability for any injury or harm I or my minor child may barade or activities preparatory or subsequent thereto. I further Limited, and all of its organizers officers, directors and staff ast me or my minor child for any injury or harm suffered as a activities preparatory or subsequent thereto. This act shall bind as.
organizers officers, directors and staff, reg injury harm or damage. Furthermore, this Southdowns, Limited, and all of its org	y in favor of the Krewe of Southdowns, Limited, and all of its sardless whose act fault or negligence shall have led to any such a waiver and hold harmless shall apply in favor of the Krewe of anizers officers, directors and staff, regardless of who might said parade or activities preparatory or subsequent thereto.
If the participant has not yet reached the age of 18, participant's parent or legal guardian has executed this act on behalf of the participant.	
PRINT NAME OF PARTICIPANT	
PARTICIPANT'S DATE OF BIRTH	
PARTICIPANT'S SIGNATURE (if applicable)	
PRINT NAME OF GUARDIAN (if	applicable)
GUARDIAN'S SIGNATURE (if applicable)	

PHONE

F: TNR/12