## Participant Waiver of Liability and Hold Harmless Agreement



## Deadline Date: November 9, 2025

I hereby submit this application on behalf of myself and my organization—including any minors, business, club, or affiliated group—to voluntarily participate in the City of Jackson's Capital City Holiday Parade, scheduled for December 6, 2025, in Jackson, Mississippi.

We acknowledge that it is our sole responsibility to provide automobiles, accident, personal injury, and liability insurance coverage. In lieu of submitting an Insurance Coverage Certificate, we certify that in the event of any accident, injury, or death, we will not hold the City of Jackson, its officers,

agents, employees, or volunteers liable for any bodily injury, death, or property damage. We hereby release all aforementioned parties from any claims that may arise from our participation in the parade.

We further agree to comply with all parade rules and regulations, and we commit to ensuring that all members of our organization exercise appropriate safety precautions throughout the event.

The undersigned expressly acknowledges that participation in parade activities—including pre- and post-parade events—may involve inherent risks, including serious injury, death, or property damage. The undersigned agrees to indemnify, defend, and hold harmless the City of Jackson, along with its officers, agents, contractors, trustees, employees, and volunteers, from any and all claims arising from such participation.

This Waiver of Liability and Hold Harmless Agreement shall be governed by the laws of the State of Mississippi, with jurisdiction exclusively in Hinds County, Mississippi. If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

By signing below, I confirm that I have read and understood the terms of this waiver and agree to hold harmless the City of Jackson and all associated parties from any liability. I further affirm that I am authorized to sign this agreement on behalf of myself, my family members (including minors), and/or my business, club, or organization.

Signature:	 //
Printed Name:	
Business/Club/Organization:	
Phone Number:	
Email Address:	

Please provide insurance card, a drivers licenses of driver of the vehicles with this application. If changes occur, corrected information is required the week of or no later than the day before the parade.