



**City of Central Falls
Parade Application**

Name of Organization: _____

Address of Organization: _____

Authorized Contact Person(s): _____

Contact Phone Number: _____ **Cell Number:** _____

Email: _____

Alternate Contact Name: _____ **Cell Number:** _____

Attach: map of parade route & proof of insurance

Description of Parade: _____

Location(s) of Parade: _____

Date and Time of Parade: _____

Rain Date (if applicable): _____

General Release & Indemnity Agreement

The above organization in consideration of the permit granted by the City of Central Falls as above requested hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys from all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims as a result of the issuance of this permit and or use of any City property, including, but not limited to, property damages and personal injuries resulting from the same.

I understand that all State approvals, permits, licenses and insurance coverage must be filed with the Clerk's office prior to issuance of permit. (see attached checklist)

Signature of authorized agent: _____ Date: _____

Departmental Approvals

Fire Department

Signature of Official _____ Title: _____

Date: _____

Comments/Restrictions _____

Police Department

Signature of Official _____ Title: _____

Date: _____

Comments/Restrictions _____

Number of detail officers: _____

Parks & Recreation Department

Signature of Official _____ Title: _____

Date: _____

Comments/Restrictions _____

Public Works Department

Signature of Official _____ Title: _____

Date: _____

Comments/Restrictions _____

All parades require a \$250.00 usage fee to Department of Public Works

City Clerk Office Use

Application Received by: _____ Date: _____

Application Approved by: _____ Date: _____

Proof of Insurance received on: _____

Date Issued: _____