



# THE SPIRIT OF AMERICA

**SATURDAY, JULY 4TH  
10:00 A.M.**



UNIT ENTRY NAME: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

FLOAT	# OF FLOATS	_____
MARCHING UNIT	# OF MARCHERS	_____
VEHICLES	# OF VEHICLES	_____

JUDGES STAND ANNOUNCEMENT ABOUT YOUR ENTRY:

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please check this box if you would like your parade confirmation emailed to you.

**ENTRY DEADLINE: FRIDAY, JUNE 19, 2015**

PLEASE RETURN TO: CITY OF SUNRISE  
 LEISURE SERVICES DEPARTMENT  
 10610 W. OAKLAND PARK BOULEVARD  
 SUNRISE, FL 33351  
 ATTN: PARADE ENTRY/JULIE FLAIG  
 Fax to: (954)572 2476 or Email: [jflaig@sunrisefl.gov](mailto:jflaig@sunrisefl.gov)

**ALL PARTICIPANTS WILL RECEIVE A CONFIRMATION VIA EMAIL OR MAIL WITH PARADE STAGING NUMBER BY JUNE 26, 2015**

I, hereby release and agree to indemnify and hold harmless the City of Sunrise, its departments, employees, officials, volunteers and agents, against all claims arising from or resulting from participation in this activity, with my knowledge that by participating in this activity I/my child/my ward assume(s) risk of injury. I hereby permit the City of Sunrise to use/distribute any or all still and/or moving images in which I/my child/my ward appear for any use including, but not limited to: video, Web, print and multimedia applications; training or other instructional materials; advertising, commercials or other promotional materials; and other forms of media, without compensation. Any image(s) so created shall be the property of the City of Sunrise.

I also hereby give permission for me/my child/my ward to receive necessary medical treatment. I hereby certify that I am an adult, over the age of eighteen (18), and that I have read and understood this Release and that I freely and voluntarily give my consent as described above.

SIGNATURE OF PARTICIPANT/PARENT/LEGAL GUARDIAN: \_\_\_\_\_