Livingston Parish Fair Association 2025

Opening Parade and Horse Show Registration Form

Parade Date/ Line Up Time ***October 4, 2025 9:00 am*** Parking at Doyle Elementary	Parade Rides at 10:00 am
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*** Ple	ease fill out the following Form and Sign Waiver ***
Submit	to hsibleydvm@gmail.com subject line: PARADE by September 29, 2024 at midnight
Organi	zation Name:
Addres	S:
Phone	Number:
Email:	
Type o	f Entry (Please Check One):
	Political Entry Commercial or Professional Entry Non-Profit Organization School Organization or Group Public Service Entry (police, fire, etc.) Special Guests (Queens or guest of the committee) Other
Entry S	Size (Please Check One)
	Float (decorated trailer pulled by vehicle) *MUST have 2 walkers per axle Single Vehicle (MUST have 2 adult riders and maximum 2 axles) Walking/Marching UNIT (Identify: "Dancer will be marching behind float") Identify** Horseback Rider(s)
	Horseback Macros

For questions regarding the parade or line up location please contact:

Mrs. Nancy Stewart 225-937-8734 or Mr. Rip Jones 225-315-9950

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Livingston Parish Fair Association 2024 PARADE ENTRY WAIVER OF LIABILITY

, I, undersigned, as individual or as group representative, herby release, remise and
forever discharge The Livingston Parish Fair Association, it's Officers, Directors, Employees and Staff severally or
jointly, the Livingston Parish Parade Committee and all 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. I (we)
assume all risk of bodily injury or property damage the I/We may incur in participating in the Livingston Parish
Fair Opening Day 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 the
Livingston Parish Fair Association and all their respective Officers, Directors, Employees, Staff, Volunteers,
Agents, Representatives, Successors or Assigns of any kind from any and 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 mentioned event.
APPLICATION WILL BE VOID IF NOT ACCOMPANIED BY THE WAIVER.

/DATE	
	SIGN
	NAME OF GROUP OR INDIVIDUAL