



**P.O. Box 210862
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Email: info@sdca-inc.org

www.sdca-inc.org



3rd ANNUAL 2019

Mas Band Registration Form

Dear Mas Band Leader/Director,

San Diego Caribbean Association, Inc. (SDCA, Inc.), a 501 C (3) Non-profit organization, invites you to participate in our 3rd Annual San Diego West Coast Multicultural Carnival & Festival on **Saturday August 17th, 2019 in San Diego, California**. The purpose of this event is to promote "One Love, Respect, and Unity" among every culture and nationality. SDCA, Inc. aims to help bridge the gap that exists within our community through this event. Your participation at this event will reflect greatly on our vision.

Particulars for your Mas Band participation are listed below:

- 1) Complete the application and the liability wavier release form and submit it along with your payment to SDCA, Inc.
- 2) All registration payments are final and non- refundable
- 3) Payment schedule:

January \$100.00	May \$300.00
February \$150.00	June \$350.00
March \$200.00	July \$400.00
April \$250.00	August \$500.00

An electronic version of this application can be found on the Carnival 2019 page of our website in the Mas Band section. After filling it out, email it back to info@sdca-inc.org or mail it in.

The parties hereby represent and warrant that (a) it has the right and authority to enter into this agreement and (b) the execution and performance of this agreement will not violate or conflict

with the provisions of any agreement by which it is bound. The Band, the Band Leader, its officers and directors and/or its affiliates, individually or otherwise, shall be prohibited from producing or assisting to produce another carnival in direct competition with the San Diego West Coast Multicultural Carnival & Festival in San Diego, California or in violation of this agreement. Further, as a condition of registration, all registered bands must submit proof of commercial liability insurance, at a minimum of \$100,000 coverage, for their respective organization and/or company. In addition, each registered band in the parade must ensure that all registered participating masqueraders submit a Media Release in the form attached hereto.

I hereby agree on behalf of myself and all members of my band, and the Designer and Producer of the above presentation, to adhere to and comply with all the rules (of which I am in possession and have read) as stipulated by the San Diego Caribbean Association for San Diego West Coast Multicultural Carnival and Festival for 2019. I submit to the sanctions there in contained and agree that nothing shall limit the right of the San Diego Caribbean Association to photograph, record, film, videotape, broadcast and to transmit via the Internet the performance of the said presentation at any event produced by the San Diego Caribbean Association or to utilize them in the marketing and promotion of the San Diego West Coast Multicultural Carnival & Festival this and future years. It is expressly agreed that San Diego Caribbean Association may employ or authorize any third party, including the media, to exercise these rights on its behalf. I acknowledge that I am aware of the benefits offered to registered bands for 2019.

Bandleader Signature _____ Date: _____

Please email completed registration form to info@sdca-inc.org For questions and inquiries, please call us at (619) 919-5005 or visit www.SDCA-inc.org

MAS BAND REGISTRATION FORM

San Diego West Coast Multicultural Carnival & Festival

MAS BAND INFORMATION (Please Print Clearly)

Today Date	
Mas Band Name	
Band Leader Name	
Band Leader Phone Number	
Band Leader Email Address	
Number of Mas Participants	

MAS BAND INFORMATION (Please Print Clearly)

Mailing Address			
	Address	Suite #	
Contact Information	City	State	Zip Code
	Day Time Phone	Night Time Phone	Cell Phone
	Email Address:		
Payment Enclosed or Made	Website:		
	Amount:		
	Payment Type: Check [<input type="checkbox"/>] Cash [<input type="checkbox"/>] SDCA, Inc. Online Payment [<input type="checkbox"/>]		

VISIT OUR CARNIVAL 2019 PAGE TO MAKE AN ONLINE PAYMENT

I HAVE READ ALL THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT AND UNDERSTANDS THEM FULLY

DATE _____

Band Leader Signature _____

You Can Mail The Application To:

San Diego Caribbean Association, Inc.
P.O. Box 210862, Chula Vista, CA 91921

EMAIL FORM TO
info@sdca-inc.org

The 3rd Annual SDCA, Inc. West Coast Multicultural Carnival & Festival will be held on Saturday August 17, 2019 and will be professionally managed and produced. Standards of safety will be stringently enforced. This festival will be operated with the full cooperation of, and in full compliance with, all respective agencies of the City of San Diego, including the Police, Sheriff, and Fire Department. All operations at this event will be licensed, insured, and will meet or exceed all governmental code requirements.

**PLEASE MAKE SURE ALL PARTICIPANTS AND PARENTS READ THE
INFORMATION BELOW
BEFORE FILLING OUT THE WAIVER AND RELEASE CONSENT FORM**

******NOTICE******

I ACKNOWLEDGE THAT I, MAS BAND MEMBERS OR VOLUNTEERS WILL NOT BE COVERED UNDER ANY OF THE SPONSOR LIABILITY INSURANCE FOR ANY INJURY INCURRED OR CAUSE AS A RESULT OF MY PARTICIPATION IN THE ABOVE MENTIONED EVENT/ACTIVITY BUT WOULD BE RESPONSIBLE THROUGH PERSONAL INSURANCE FOR ANY AND ALL MEDICAL EXPENSES INCURRED AS A RESULT OF INJURIES FROM THIS PARTICIPATION.

I UNDERSTAND I AM COMPLETELY RESPONSIBLE FOR ALL LIABILITIES, DAMAGES AND INJURIES I, MY EMPLOYEES, MY VOLUNTEERS OR MY PARTICIPANTS MAY CAUSE TO SAN DIEGO CARIBBEAN ASSOCIATION, INC., ITS ASSOCIATES, MEMBERS, EMPLOYEES, AND ALL THIRD PARTIES (E.G.: SPECTATORS, BUYERS, ETC.) AS PART OF MY PARTICIPATION IN THIS EVENT INCLUDING DAMAGES OR INJURIES CAUSED BY MY EQUIPMENT, FOOD, DISPLAYS, VEHICLES, SUPPLIES AND INCLUDING ANY AND ALL INJURIES OF ILLNESS MY PRODUCTS MAY CAUSE.

I HEREBY EXPRESSLY WAIVE AND RELEASE SAN DIEGO CARIBBEAN ASSOCIATION, INC. AND ITS ASSOCIATES FROM ANY AND ALL RIGHTS OR CLAIMS OF ANY NATURE WHATSOEVER I MAY HAVE AGAINST SAN DIEGO CARIBBEAN ASSOCIATION, INC., ITS ASSOCIATES, MEMBERS, EMPLOYEES ARISING OUT OF, IN CONNECTION WITH, OR RESULTING FROM THE ABOVE EVENT/ACTIVITY.

IN ADDITION, BY SIGNING THIS RELEASE FORM BELOW, I AM AGREEING TO ALL TERMS AND CONDITIONS SET FORTH WITHIN.

(MEDIA RELEASE) I give SAN DIEGO CARIBBEAN ASSOCIATION, INC. permission to use photos, video footage, and my voice taken at any SAN DIEGO CARIBBEAN ASSOCIATION, INC. event or function to be used for all promotional purposes (website, social media, magazine, flyers, posters, television, radio, etc.)

PARTICIPANT LIABILITY WAIVER AND RELEASE SIGNATURE FORM	
Name	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; padding-right: 10px;">Indicate Age If Under 18</div>
Address	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Email	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Phone Number	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Signature (Parent's Signature If Participant Under 18)	Parent's Name If Participant Under 18 (Please Print)
Parent Please Sign Your Name If Participant Is Under 18 (I have read and understand fully the release form)	