Zane's Trace Commemoration
P.O Box332
Zanesville, Oh 43702
www.zanestracecommemoration.com

2024 Parade PARTICIPANT'S RELEASE FORM

Each participant will need to read all of the rules and the following release form and sign off for all Parade entries.

Organization/School/Participant Name: (Print) _____
NOTE: Individuals not furnishing a copy of this Release Form to the ZTC MAY NOT BE ALLOWED TO PARTICIPATE.
I _____ in consideration of my participation in a parade known as

PRINT NAME OF PARTICIPANT

The Zane's Trace Commemoration Parade, hereby grant to the Zane's Trace Commemoration, Inc. (ZTC) the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the event and to use my name, likeness, voice and biographical information concerning me in connection therewith. I assume all risks associated with my participation in the parade and hereby release and hold harmless the ZTC, the sponsors of and suppliers to the parade, and their respective directors, officers, employees, agents, successors and assigns and including the City of Zanesville Ohio, from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney's fees, arising out of my participation in the parade, including without limitation any personal injuries [or damage to my property] which I may incur as a result of participation in the parade. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)
PARTICIPANT SIGNATURE:(Required)

_____/_____AGE:_____(if minor)
(PRINT NAME OF PARTICIPANT) (SIGNATURE)

_____
(ADDRESS) (CITY) (STATE) (ZIP) (DATE) must be dated

Parent or Guardian's Signature: (Required if 17 or under)

I represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing participant's release and agree for participant and participant's heirs, successors and assigns and for participant's legal representatives to be bound by the terms thereof.

_____ _____
(PRINT NAME, PARENT OR LEGAL GUARDIAN) (SIGNATURE)

_____
(ADDRESS) (CITY) (STATE) (ZIP) (DATE) must be dated

All forms to be submitted either by: Mail to: Zane's Trace Commemoration, Attn: Parade: P.O.Box 332, Zanesville OH, 43701 OR By email to the Committee Chair/Co-Chair, information below. Thank you for your participation.

Lori Burkhart, Parade Committee, Chair
lorib39@yahoo.com
740-260-6972

Zane's Trace Commemoration Board Members
Rick Buck: Board President – 740-487-6776
Cindy Northrup: Board Secretary – 740-617-7735 Holly Tracey – Grimes: Treasurer – 740-562-7412