

Caribbean Carnival International Costume Application

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIPCODE: _____

PHONE(S):(_____) - _____ - _____ (_____) - _____ - _____

E-MAIL: _____

CONTACT IN CASE OF EMERGENCY: _____

PHONE NUMBER: _____

WAIVER: I know that participating in the Carnival Parade is a potentially hazardous activity. I should not enter unless I am medically able and properly prepared. I assume any and all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather, including high heat and/or humidity, and the condition of the road, all such risk being known and appreciated by me. I agree to abide by all decision of the Carnival officials relative to my ability to safely complete this event. I hereby release and hold harmless Caribbean Carnival International (CCI), its officers, volunteers, agents, employees or anyone officially acting on their behalf of any and all claims or ability for death, personal injury or property damage due to participation in the event(s). I shall also refund to CCI, \$75 for compensation should costume suffer any damage or harm due to negligence or accident. I shall be held blameless and held in no-fault status for damage to costume by any Act of God.

Signature: _____

Date: _____