

# Ghoulfest Parade 2024 Registration Form

Saturday October 26, 2024

Organizations Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Unit (Marching, Baton, Mobile) \_\_\_\_\_

Size of Unit: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Night): \_\_\_\_\_

Email: \_\_\_\_\_

## Do Not Write in this Space

**Date received:** \_\_\_\_\_

**Parade# :** \_\_\_\_\_

Please mail this form back to: Geneva Rec. 44 North Forest St Geneva Ohio 44041 ATT: Myke. Or you can email it to [genevarec@genevaohio.gov](mailto:genevarec@genevaohio.gov)

# **Ghoulfest Parade 2024**

## **Waiver**

The undersigned wishes to participate in the Geneva Rec Ghoulfest Parade 2024, which will be held on Saturday October 28, 2024 at 6pm. The undersigned acknowledges that it has been notified by the parade committee of the City of Geneva, Recreation Department that it should be insured against any and all risks involved with participating in said parade. The undersigned agrees to waive any and all claims or rights of action it may have against the City of Geneva, Recreation Department, the parade committee and all of its employees, members and volunteers of the City of Geneva, Geneva Recreation Department and/ or all other participants of the parade for damages incurred as a result of its involvement in said parade.

Contact information:

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**Name of Organization**

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**Signature of Person in Charge**

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**Please print name above and date it.**