STREET/PARADE USE PERMIT APPLICATION

Othello City Hall • 500 E Main St. • Othello, WA 99344 • (509) 488-5686

APPLICANT INFORMATION	
NAME OF APPLICANT:	APPLICATION DATE:
ORGANIZATION NAME:	
ADDRESS:	CITY/STATE/ZIP:
PHONE:	EMAIL:
WILL THIS PERSON BE ONSITE DURING THE EVENT? YES 🗌 NO 🗌	
EVENT INFORMATION	
NAME OF EVENT:	
DESCRIPTION OF EVENT AND USE:	
DATE OF EVENT:	EVENT TIME:
ASSEMBLY AREA:	_ TIME OF ASSEMBLY:
DISPERSAL AREA:	_ TIME OF DISPERSAL:
*PARADE SITE MAP IS REQUIRED TO BE SUBMITTED AT TIME OF APPLICATION PARADE ROUTE. WILL STREETS NEED TO BE BLOCKED? YES NO WHAT TIME WILL YOU NEED STREETS BLOCKED OFF FOR ASSEMBLY OF PARAD	
SPECIAL REQUESTS (CHECK	ALL THAT APPLY):
STREET CLOSURE POLICE ESCORT ROAD	BARRICADES CONES
ESTIMATED NUMBER OF VEHICLES FLOATS PEDEST	RIANS ANIMALS & ANIMAL TYPE
INSURANCE REQUIREMENTS	
The authorized applicant shall procure and maintain in force, without cost to the City, on or before the street use event, a broad form comprehensive general liability policy of insurance covering bodily injur with liability limits of not less than \$1 million per occurrence and \$2 million aggregate. The City s the policy may not be cancelled or modified for any reason without fifteen (15) days prior written not or certificates of such insurance within ten (10) days of the execution of this Agreement and before the stress of the stress of such insurance within ten (10) days of the execution of the stress of th	y and property damage, with respect to the use and occupancy of the City right of way hall be named as ADDITIONAL INSURED on the policy, which shall also provide tha ce to the City. The authorized user shall provide the City with a copy of the certificate

SELF INSURANCE

If the authorized user is self-insured through the Office of the State Risk Management, a certified statement setting out the program approval of the state risk manager and coverage(s) (including additional named insured) as set in the Insurance paragraph, including the City of Othello being named as additional insured shall be attached to this application.

STREET/PARADE USE RULES AND REGULATIONS- VEHICLES & FLOATS

- Throwing candy or other objects from the vehicles shall be prohibited. Walking beside the float and distributing candy and/or toys is permitted. 1
- All floats must adhere to the minimum and maximum size and height requirements as provided by the Member. 2
- 3. All participants should maintain a distance of twenty-five (25) feet between one another to allow visibility of children and other participants running into the street.
- 4 Parade entries may only complete one complete lap of parade route.
- 5. Riding on the top of or outside of vehicles without belts or harnesses is prohibited.
- Fire or open flame on any entrant is prohibited. 6.
- 7. All driver's of vehicles and floats shall possess a valid driver's license.
- 8. Drivers shall have 180° forward vision
- Fire extinguishers rated 2A 10BC are required on all motorized decorated vehicles. 9
- 10. Exhaust system shall extend beyond any and all decorations so that drivers or riders are not exposed to carbon monoxide fumes.
- Compressed gases (such as helium) shall be properly secured and safeguarded.
 All decorative materials must be fire retardant. NOTE: BALES OF HAY ARE NOT FIRE RETARDANT.
- 13. All floats should be inspected by the Fire Marshall or other applicable official prior being allowed to participate in the parade.
- 14. All floats must have one spotter in the vehicle whose job it is to monitor activity on the float so that the vehicle operator is not distracted.
- 15. Parade entries unsafely operating vehicles or animals will be removed from parade and cited by the Othello Police Department.
- 16. The City of Othello reserves the right to bar from the parade at any time any entrant not conforming to the rules or refusing to follow the instructions of the police or parade officials.
- 17. Alcoholic beverages are prohibited on any float or vehicle or on the person of any participant.
- 18. *All vehicle and float operators are required to provide proof of automobile liability insurance with entry application.



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AGREEMENT TO INDEMNIFY

The organization and individuals using public facilities agree to protect and to indemnify for costs, legal and other expenses the City, its officers, employees, elected officials and agents from any and all claims, liabilities or suits related to or arising from acts of omissions of such organizations or individuals in connection with the use of any such public facility. I, the undersigned, acknowledge receipt of and compliance with Application Instructions, Rules and Regulations, and the above agreement.

SIGNATURE:

__ DATE:

Route to be traveled including staging area, parade route and termination point (please include map or diagram. Street/Parade Use Permit Application must be submitted no less than 6 weeks prior to the proposed event date. E Olympia St E Olympia St E Olympia St z 2 z 114ih Ath 1311 Desdemo ş ANK ξ E Rainier St ŝ z 2 Machet2 Shelley E Elsinore St E Hathaway Ln NV. E Hamlet St E Hamlet St Hospital E Fir St E Fir St WPF35 EPINEPI E Cedar Bivo E Pine St E Pline St 3rd dth. 12 z 9th 2 z 001 N Railroad ş A.V. E Cedar St E Cedar St file E Main St E Main St E Main St W Main St E Main St 101 AWE S 5kh 112 g 300 ŧ 424 100 E Hemlock St E Hemlock St Broadw Railroad E Larch St E Larch St

FOR OFFICIAL USE ONLY:

APPROVAL AND ROUTING:			
	COMMENTS/CONDITIONS	INITIALS	DATE
POLICE CHIEF			
FIRE CHIEF			
PUBLIC WORKS DIRECTOR			
CITY ADMINISTRATOR			
SPECIAL CONDITIONS:			



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(Must be completed for each individually registered entrant or group) Copy this form as needed.

Parade Entry Name and/or Number:_____

Day of Event Contact Number in case of emergency:

I, the undersigned applicant am eighteen years of age or older and desire entry into the _____Parade and am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to the company, group, or organization listed above or as a private individual entry from participation in this activity. Being fully informed as to these risks and in consideration of being allowed to participate in (Member or other group) sponsored activities, I/we hereby assume all risk of injury, damage and harm to any participant arising from such activities or use. I/we also hereby individually and on behalf of my/our heirs, executors and assigns, release, indemnify, defend and hold harmless the Member, its officials, employees, volunteers and agents and waive any right of recovery that I/we might have to bring a claim or a lawsuit against Member for any personal injury, death or other consequences occurring out of my/our voluntary participation in this activity.

I hereby consent to allow my picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of this sponsored activity without compensation to me.

YES (___) NO (___) (Initials) _____.

I authorize any necessary emergency medical treatment that might be required for me in the event of physical
injury and/or accident to me while participating in this activity.
YES () NO () (Initials)

Participant Signature:	Date:	
Participant Printed Name:		
Title of person signing on behalf of Group:		
Address:		
Email:	Phone: ()	

PARADE ENTRANT PARENT/LEGAL GUARDIAN WAIVER

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OLD HARMLESS & INDEMNIFICATION

(Must be completed for each minor participant not registered with an organization or group) Copy this form as needed.

Parade Entry Name and/or Number:

Day of Event Contact Number in case of emergency:_

NOTE: If applicant is less than 18 years of age, the parent(s) and/or guardian(s) must execute the following waiver:

I (we) am/are the parent(s) or legal guardian(s)) of	who desires to be a participant
in the	Parade.	

I hereby consent to allow my child's picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of this sponsored activity without compensation to me.

YES (___) NO (___) (parent/legal guardian initials)_____.

I authorize any necessary emergency medical treatment that might be required for this child in the event of physical injury and/or accident to this child while participating in this activity. YES (___) NO (___) (parent/legal guardian initials)_____

(PLEASE PRINT)

Child's Name:	Child's Address:		
Parent/Legal Guardian Name(s):			
Parent/Legal Guardian Signature(s):			
Parent/Legal Guardian Address		Phone: ()	
Email:	Date:		