

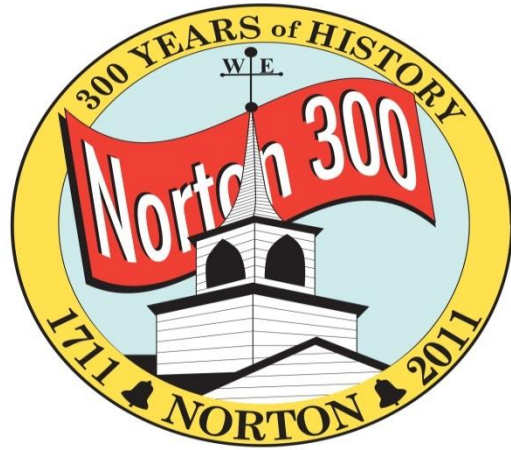
TRICENTENNIAL PARADE

REGISTRATION FORM

Sunday, June 12, 2011

12:00 noon

www.norton300.org



Sponsor: _____

_____ Business _____ Non-Profit _____ School

Mailing Address: _____

Telephone: _____

Email Address: _____

Contact Person: _____

Intention: _____ Float _____ Walk _____ Both

Float Theme: _____

Description of Float: _____

Will you be distributing any materials, candy or objects? If yes, describe. _____

Business Sponsorship Suggested Fee: \$100.00 Cash: _____ Check: _____

Non-Profit: Any donation would be accepted and appreciated!

Approval Signature: _____ Deadline: May 15, 2011

Please make checks payable to 300th Birthday Committee and send payments and registration form to:

The North Easton Savings Bank
C/O Norton Tricentennial Committee
25 West Main Street
Norton, MA 02766

Questions? Call Sheri at 617-688-4454
Or email Mary ER Brown at mayob2@comcast.net

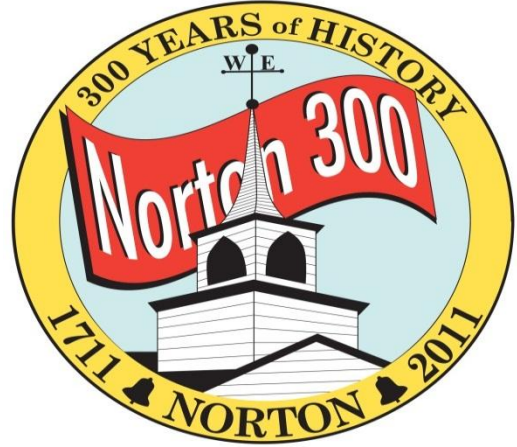
THANK YOU for your support!!

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WAIVER OF LIABILITY

In consideration of the opportunity afforded to our organization to participate in the Tricentennial Parade on Sunday, June 12, 2011, we hereby waive any right or cause of action arising as a result of our organization's participation in said Parade from which any liability may or could accrue against the Tricentennial Committee, the Town of Norton, and all of its agents and volunteers (collectively "Norton"). We further agree to indemnify Norton from any and against all liability, loss, damages, costs, expenses and claims of whatever nature, past, present and future arising out of or as a result of the acts or omissions of Norton, including attorneys' fees and cause of action of every nature, which our organization may hereafter incur, suffer or sustain, including claims asserted by any members of our organization, or third persons not parties to this waiver and indemnification, by reason of any mater or personal injury or property damage, sustained in connection with our participation in the Parade.

This waiver is executed the _____ day of _____, 2011.

Witness: _____

By: _____

Duly Authorized: _____

Title: _____

Organization: _____