

Parade Waiver

For and in exchange for valid consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned driver, \_\_\_\_\_, agrees and represents that he or she is a lawfully licensed driver and holds a valid (STATE OF) \_\_\_\_\_ driver's license. License #: \_\_\_\_\_

The undersigned driver, also, agrees and represents that he or she has and will maintain in full force and effect a policy of automobile insurance on the vehicle he or she will be driving on the date of the Kiwanis Ogeechee Fair Parade, which is currently scheduled for Monday, October 19, 2020, which will or might be used as either a "tow vehicle" or as a vehicle carrying or transporting participants in the Kiwanis Ogeechee Fair Parade.

The undersigned driver, further, agrees and represents that his or her policy of automobile insurance will be designated as the "primary" or principal policy of insurance in the event of a loss, claim of loss, suit for damages, or other such demand for payment which might be occasioned or occur as a result of any occurrence between the undersigned driver, his or her vehicle, or any trailer, flatbed trailer, or other such platform that the undersigned might or will be driving and/or towing and any other party claiming a loss in connection with the Kiwanis Ogeechee Fair Parade.

The undersigned driver, finally, agrees that he or she will immediately notify the President of the Kiwanis Club of Statesboro, Inc., Ashlee Corbin, in the event of an injury, or claim of injury, and/or in the event of a loss, or claim of loss, occasioned by the use of his or her said vehicle, trailer, flatbed trailer, or other such platform before, during, or after the Kiwanis Ogeechee Fair Parade.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of driver: \_\_\_\_\_

(PLEASE PRINT)

Driver's full name: \_\_\_\_\_

Driver's home address: \_\_\_\_\_  
\_\_\_\_\_

Driver's telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Notify in case of emergency: \_\_\_\_\_

Telephone number of emergency contact: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sponsor's Organizations: \_\_\_\_\_