



P.O. Box 407, Boyne City, MI 49712 | E-mail: kristan.cotton@106khq.com | Ph: 231-497-4687

2026 PARADE APPLICATION

PRE-REGISTRATION: This form must be received by July 2, 2026. Mail or email to above. Entries will be called on July 3rd with their float placement. Placement numbers must be picked up at registration on July 4th.

REGISTRATION: JULY 4th at 8:30 am at the intersection of Franklin & Park streets by Litzenberger Place.

ALL PARADE ENTRIES, MUST PARK AT THEIR NUMBERED SITE AND WALK TO REGISTRATION, AS DRIVING TO REGISTRATION CREATES A SAFETY HAZARD.

For additional information call Kristan Cotton, Ph: 231-497-4687 or kristan.cotton@106khq.com

PARADE STARTS AT 10 A.M. SHARP.

2026 THEME: 250TH ANNIVERSARY OF AMERICA

NAME OF ORGANIZATION/BUSINESS/PERSON: _____

DAY-OF CONTACT: _____ EMAIL: _____

DAY-OF PHONE: _____ DAY - OF CELL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF ENTRY: (i.e.. Truck & Trailer, Vehicle, Walkers, etc.) Limit two vehicles or one vehicle plus float per entry without prior authorization _____

MUSIC: ____ Yes ____ No

COMMENTS TO BE ANNOUNCED: _____

FOR INSURANCE PURPOSES: The undersigned individual and his/her agents agree to hold harmless and waive all claims against the Boyne City 4th of July Festival Committee, the City of Boyne and all other sponsoring institutions/agencies arising from their participation in the Boyne City 4th of July Festival Grand Parade held on July 4, 2026. It is also agreed that nothing (candy, gifts, etc.) will be THROWN from the vehicle / float that this application represents. **For children's safety, items may be HANDED over the safety line. Please be respectful of the crowd if your float involves water. If your float involves animals i.e. horses, please have a designated person to collect waste.**

Signed: _____

Date _____

In consideration of being permitted to participate in or attend the Boyne City 4th of July Parade, I acknowledge and agree to the following:

1. Assumption of Risk

I understand that participation in a community event may involve certain risks, including but not limited to slips, trips, falls, weather-related risks, equipment-related risks, interaction with other participants, volunteers, vendors, or members of the public, and other risks that may result in personal injury, illness, property damage, or loss.

I voluntarily choose to participate in or attend the event and assume all risks associated with my participation or attendance.

2. Release of Liability

To the fullest extent permitted by law, I release and hold harmless the City of Boyne City, Boyne City 4th of July Festival, its board members, officers, employees, volunteers, agents, sponsors, partners, vendors, property owners, and representatives from any and all claims, demands, actions, damages, losses, costs, or expenses arising out of or related to my participation in or attendance at the event.

This release includes, but is not limited to, claims related to personal injury, illness, property damage, or loss, except where prohibited by law.

3. Medical Treatment

I understand that event organizers may not have medical personnel available. In the event of an emergency, I authorize event staff, volunteers, or representatives to seek emergency medical assistance if deemed necessary. I understand that I am responsible for any medical costs incurred.

4. Personal Property

I understand that I am responsible for my own personal belongings and property. Boyne City 4th of July Festival or the City of Boyne City is not responsible for lost, stolen, or damaged personal property.

5. Conduct and Compliance

I agree to follow event rules, posted instructions, and reasonable directions from event staff or volunteers. I understand that I may be asked to leave the event if my conduct creates a safety concern or disrupts the event.

6. Photo and Media Release

I grant permission for Boyne City 4th of July to photograph, video record, or otherwise capture my image, likeness, or voice during the event and to use such materials for promotional, educational, social media, website, reporting, or archival purposes without compensation.

I agree to the photo/media release.

I do not agree to the photo/media release.

7. Minors

If the participant is under 18 years of age, I certify that I am the parent or legal guardian of the minor participant and have authority to sign this waiver on their behalf. I agree to the terms of this waiver for myself and for the minor participant.

8. Acknowledgment

I have read this waiver and understand its terms. I understand that by signing, I am giving up certain legal rights. I sign this waiver voluntarily.

Participant Signature: _____

Date: _____

Parent/Guardian Signature, if under 18: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

