

Town of Aurora **Canada Day Parade Registration Form** Community Services

Non-profit organizations and schools

Thank you for applying for Aurora's Canada Day parade. Applications must be received by **Friday, June 13, 2025.** You will be notified within 7 business days of The Town of Aurora receiving your application if your entry has or has not been approved.

Participant Information

Organization Name	
Contact Name	
Address	
Town/City	Postal Code
Phone (daytime/evening)Email address**
	your e-mail address, you are consenting to receive future correspondence

**Please note that by providing your e-mail address, you are consenting to receive future correspondence (promotional or otherwise) from the Town of Aurora, Community Services Department." If you do not wish to receive promotional materials you may unsubscribe.

Float Information

Please circle	and complete	all sections that apply	<i>y</i> :	
Float	Vehicle	U Walking Group	Mascots	Music playing
Other				
Number of p	participants inv	olved with your entr	y:	
*Vehicle Typ	e and length:			
l understand (Please initi		stribute parade hand	outs during t	he parade.
The fees for	[,] participating a	are as follows:		
		•		Aurora-based business vn of Aurora based-business

Please include payment with your application. Credit card information can be included in the Credit Payment Application at the end of this document. All funds received will be receipted. The Town of Aurora reserves the right to refuse or limit entries.

FREE

Submit completed application form (cheques are to be payable to "Town of Aurora") to: Town of Aurora, 100 John West Way, Box 1000, Aurora, ON L4G 6J1, Attn: Canada Day Parade, email sreynolds@aurora.ca.



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THE CORPORATION OF THE TOWN OF AURORA

ASSUMPTION OF RISKS, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY

TO: The Corporation of the Town of Aurora, its members of council, officers, employees, directors, volunteers, agents, or representatives (hereinafter called the "Releasees")

ASSUMPTION OF RISK

I, ______ (the "Participant") acknowledge that I wish to participate in Aurora's Canada Day Festivities (the "Event") as indicated on the Community Zone Application Form (the "Form"). I am aware that doing so may expose me to risks associated with or contributed to, by natural and manmade terrain, climatic conditions, my own physical condition, actions of the "Releasees" and other third parties, vehicular traffic, tools and equipment and other hazards associated with the Event. I am aware that such risks may result in personal injury, illness, loss of life or property damage, and I freely assume these risks.

RELEASE and WAIVER

In consideration of my participation in Event, I hereby, for myself, my heirs, executors, administrators, assigns, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release, and discharge the Releasees from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the Event. This Release and Waiver applies to all claims, foreseen and unforeseen, including negligence and breach of statutory or other duties of care, including those that may be owed under the *Municipal Act, 2001* and the *Occupiers' Liability Act*.

PANDEMIC OR OUTBREAK OF COMMUNICABLE DISEASE

In the event any government orders are issued by the Province of Ontario in relation to any pandemic or outbreak of any communicable disease, the Town shall have the right to cancel the Event and terminate this Agreement without any liability to the Participant and without any compensation to the Participant.

Before, after and during the Event, the Participant shall abide by and ensure its staff and/or volunteers abide by any health and safety recommendations, or protocols put in place by any level of government in relation to any pandemic or outbreak of a communicable disease.



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INSURANCE

In consideration of my participation in the Event, I hereby agree to provide a Commercial General Liability Insurance Certificate to the Town as set out below:

 Commercial General Liability insurance in an amount not less than Two-Million Canadian Dollars (\$2,000,000.00 CAD) per occurrence, naming "The Corporation of The Town of Aurora" as an additional insured. Such insurance shall contain a cross liability and severability of interest clause and shall include, but not be limited to, bodily injury including death, personal injury, property damage, including loss of use thereof, blanket contractual liability, Owner's and Contractor's protective liability, contingent employer's liability, non-owned automobile liability, and products and completed operations coverage.

INDEMNITY AGREEMENT

In consideration of my participation in the Event, I agree to hold harmless, indemnify and defend the Releasees from and against any and all liability, loss, claims, actions, causes of action, demands, costs and expenses, including reasonable legal expenses, which may be brought against or made upon the Releasees due to any personal injury or property damage to myself or any third party arising from my actions or the actions of my staff and/or volunteers in relation to the Event.

PERMISSION TO PHOTOGRAPH AND RECORD

The parties agree that the Town may take photographs and make audio and video recordings ("Recordings") of my, or my organization's participation in the Event, which may include photographs and/or Recordings of me, my staff and/or volunteers which may be published in the Town's media publications, including social media channels. I hereby consent to the use of such photographs and Recordings by the Town and hereby release the Town from any copyright claims in relation to same.

I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

Name of Participant:	
Address of Participant:	
Signature of Participant:	
Date:	



Town of Aurora Credit Payment Application

Community Services

FOR OFFICE USE ONLY

Purchase or Invoice:

Purchase or Paym	ent	Invoice
Payment for:	Invoice:	
	Authorized Amount	:
Authorized Amount:		
Code:	DEPARTMENT:	
GL:(For Office Use)	DIVISION:	
CUSTOMER INFORMATION R	EQUIRED	
Applicant for Receipt Informa	tion	
Name:		-
Address:		-
Phone #:		-
Email:		-
Payment Authorization		
Credit Card Number:		
Expiry Date: CCV	Visa	MasterCard
By signing below, I acknowledge the sourcessed in relation to the above	nat I am the cardholder and give author purchase or invoice.	rization for the credit card to be
Signature:	Date:	
Personal information on this form i	s collected under the authority of the M	lunicipal Act 2001 S O 2001

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, as amended and will be used by the Town in issuing and administering Parking Permits. Questions about the collection of this personal information should be directed to Access Aurora by email to: info@aurora.ca or by telephone to (905) 727-3123.