



Indemnity Form

KNOW ALL PERSON BY THESE PRESENT: That the undersigned,

_____, hereby releases,

The Marysville Strawberry Festival, dba Maryfest, Inc., the Marysville School District #25 and the City of Marysville and its volunteers, employees and agents of and from any and all claims, demand, damages, actions, causes of action, or suits of any kind or nature, including claims for any and all injury and property damage or loss sustained as a result of any accident which may occur during the Marysville Strawberry Festival Pageant. That this release is expressly intended to cover and include all claims, civil or otherwise, past, present or future, which can or may ever be asserted by the undersigned, their heirs or others as a result of injuries, illness, disease or damage to property of aforesaid person or the effects or consequences thereon. The undersigned hereby declares that the terms of this agreement have been completely read and are fully understood and voluntarily accepted.

Royalty Candidate Signature

Date

Printed Name of Royalty Candidate

Phone number

Parent/Guardian Signature (if under 18 years old)

Date

Printed Name of Parent/Guardian

Phone Number