



Clayton State University/City of Morrow
2022 Homecoming Parade
Parade Participant Liability Waiver and Photo Release

Participant Information

Name: _____ Laker ID (Clayton State students only): _____

Parade Unit: _____

Primary Telephone (include area code): _____ Alternate Phone: _____

Emergency Contact

Name: _____

Relationship: _____ Primary Telephone: _____

Agreement, Waiver, and Acknowledgement

I agree that, by signing this form, I understand that I am participating in this event as a representative of Clayton State University and the City of Morrow, and that my conduct while participating in this event is subject to the standards set forth by Clayton State University and the City of Morrow. I acknowledge the existence of risks in connection with this event and assume such risks, and agree to accept the responsibility of any injury sustained. By signing this waiver, I waive any and all demands, suits, actions, or claims of any kind whatsoever it has ever had in the past or will have in the future against Clayton State University and the City of Morrow, along with its respective servants, agents or employees, for any and all losses, damages, claims, costs or charges of any kind suffered by entrant as a result, either direct or indirect, of anticipating and/or participating in the Clayton State University Homecoming Parade held on Saturday, February 12, 2022.

Initials _____

Photo Release Agreement

I acknowledge and understand that my image(s) and/or the image(s) of the entry, as well as the sound produced by the entry, if any, may be photographed, videotaped, and/or recorded by parade spectators and other parade participants during my participation in the Clayton State University Homecoming Parade. I grant Clayton State University and the City of Morrow full permission to use those images and/or sounds for purposes of publicity, solicitation of sponsorship, broadcast or cablecast on television or radio, display on the internet, or for any other purpose now and in the future without any notice or further compensation to me, and I waive any rights to said image(s) or sound(s).

Initials _____

Having read the preceding, I knowingly acknowledge my understanding of these risks set forth herein and agree to accept full responsibility for my own exposure to such risks.

Participant Name (Please Print)

Participant Signature

Date

Signature of Participant Parent/Legal Guardian (if under 18 years of age)

Date

*Please submit completed form by Friday, February 4, 2022 to: Homecoming Parade // Attn: Jeff Jacobs
// 2000 Clayton State Boulevard // Morrow GA, 30260 // Fax: 678-466-5469 Email: homecoming@clayton.edu
Completed participant parade waivers will be verified at Parade Check-in.
For any additional questions, please call 678-466-5422, or email homecoming@clayton.edu.*