

# Florence Merchants' Car Show

## Registration 2021

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL/STYLE: \_\_\_\_\_

PHONE: (        ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**2021 registration fee of \$25.00 includes a free shirt before April 16th and a free dash plaque, after April 16th.**

Registrants **FREE** T-SHIRT:    S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ XXL\_\_\_\_ (+ \$1.50) XXXL\_\_\_\_ (+ \$1.50) Male\_\_\_\_ Female\_\_\_\_

Additional T-SHIRT **\$15.00/ea:** S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ XXL\_\_\_\_ (+ \$1.50) XXXL\_\_\_\_ (+ \$1.50) Male\_\_\_\_ Female\_\_\_\_

Dash Plaque **\$3.00/ea:** QUANTITY\_\_\_\_

**TOTAL COST** \_\_\_\_\_

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Make Checks Payable to: **FLORENCE MERCHANTS**

Mail To: Florence Merchants Association

P.O. Box 511

Florence, CO 81226-0511

[www.FlorenceColoradoCarShow.com](http://www.FlorenceColoradoCarShow.com)



@FlorenceCarShow

## Car Show Meet will be 9AM - 3PM, May 16, 2021

For more information call (719) **784-3797** or email - [info@florencecoloradocarshow.com](mailto:info@florencecoloradocarshow.com)



1950 Chrysler Woodie Wagon - Sunnie Cursio, Littleton, CO

## WAIVER AND RELEASE FORM

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Day Time Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## AGREEMENT, WAIVER AND RELEASE

In consideration of being permitted by the Florence Merchants' Association and the City of Florence to participate in Florence Merchants' Association Car Show, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage, and any and all other claims I may have, which I may have, or which may hereafter accrue to me, as a result of participation in the above activity. This release is intended to discharge in advance the City of Florence and Florence Merchants' Association its officers, employees, elected officials, and agents from any and all liability arising out of or connected in any way, including COVID exposure, with my participation in the above activity even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the City of Florence and Florence Merchants' Association, its officers, employees, elected officials, and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in this activity.

## CONSENT OF PARENT/GUARDIAN (If Participant is a minor)

I am the parent or legal guardian of the participant listed above. I hereby consent that the participant may participate in the above activity and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage or any and all other claims or causes of actions from participation in the above activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF FLORENCE AND FLORENCE MERCHANTS' ASSOCIATION AND I SIGN IT OF MY OWN FREE WILL.**

**THE CITY OF FLORENCE DOES NOT WAIVE OR INTEND TO WAIVE ANY PORTION OF IMMUNITY PROVIDED BY THE COLORADO GOVERNMENTAL IMMUNITY ACT OR OTHERWISE.**

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_