Florence Merchants' Car Show

Registration 2024

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Make Checks Payable to: FLORENCE MERCHANTS

Mail To: Florence Merchants Association

P.O. Box 511

Florence, CO 81226-0511

 $\underline{www.FlorenceColoradoCarShow.com}$

Car Show Meet will be 9am – 3pm May 19th, 2024

For more information call (719)784-3797 or email – info@florencecoloradocarshow.com





WAIVER AND RELEASE FORM

Participant's Name	Date of Birth/
Address	
Email	Contact Phone
Emergency Contact	Emergency Contact Phone
Relationship to Participant	
Day Time Phone Alternate Phone	
AGR	REEMENT, WAIVER AND RELEASE
participate in Florence Merchants' Associalims for damage for personal injury, de which I may have, or which may hereafted the This release is intended to discharge in a officers, employees, elected officials, and way, including COVID exposure, with my arise out of negligence or carelessness of the ones I will be participating in involve risks, I hereby assume those risks. It is full be binding on my heirs and assigns. I agr	the Florence Merchants' Association and the City of Florence to ciation Car Show, I hereby waive, release and discharge any and all eath or property damage, and any and all other claims I may have, are accrue to me, as a result of participation in the above activity. It dvances the City of Florence and Florence Merchants' Association its diagents from any and all liability arising out of or connected in any aparticipation in the above activity even though that liability may in the part of those parties. It is understood that activities such as an element of risk and danger of accidents and knowing those arther agreed that this waiver, release and assumption of risk is to ee to indemnify and to hold harmless, the City of Florence and cers, employees, elected officials, and agents from any loss, liability, y incur as the result of my death or any injury or property damage this activity.
CONSENT OF PA	ARENT/GUARDIAN (If Participant is a minor)
participate in the above activity and I he I hereby affirmatively state that the said agree to indemnify and hold the persons liability, damage, cost or expense that the	participant listed above. I hereby consent that the participant may reby execute the Agreement, Waiver and Release on his/her behalf. Participant is physically able to participate in said activity. I hereby and entities mentioned above free and harmless from any loss, ney may incur as result of the death or any injury or property uses of actions from participation in the above activity.
I AM AWARE THAT THIS IS A RELEASE OF FLORENCE AND FLORENCE MERCHANTS'	NT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF ASSOCIATION AND I SIGN IT OF MY OWN FREE WILL. E OR INTEND TO WAIVE ANY PORTION OF IMMUNITY PROVIDED BY INITY ACT OR OTHERWISE.
Print Name	Relationship
	Date/