



Miami Township Holiday Parade

PARADE REGISTRATION FORM

REGISTRATION DEADLINE: Friday, November 7, 2025

Office Information
Date Received
Amount
Credit-Cash-Check#

Date & Time: Thursday, November 20, 2025 Parade Starts Promptly at 7:00 p.m.

Staging Area: Miami Plaza Parking Lot (Scene 75) 876 State Route 28

Name of Organization: _____

Address: _____

Contact: _____

Telephone _____ **Cell #** _____

E-mail address _____

Detailed description of your entry: _____

Select all that apply: _____ Float, _____ length of float _____ length of trailer

_____ Van / Truck / Car(s) (circle all that apply)

_____ Number of People Passing Out Treats or Walking

_____ Holiday Music. **NO ONE UNDER THE AGE of 6 MAY WALK IN THE PARADE**

If float exceeds size listed on this registration, we reserve the right to place in a line up area with more space thus forfeiting your parade number

NOTE: ALL ENTRIES MUST BE LIGHTED

Please give a description of your organization for television commentary and playback on MTTV: Miami Township Television: _____

- **Parade & Processing Fees: \$25 each parade unit (Non-Refundable)**
- **Parade will only be cancelled due to severe weather conditions (There is No Alternate Date)**
- **For more information call Miami Township Recreation Department at (513) 248.3727**

RELEASE: Recognizing the risk and possibility of injury associated with participation in the Miami Township Holiday Parade and in consideration of Miami Township offering the entry at a nominal fee and accepting participant into the parade, I for myself, my heir, successors, administrators and assigns hereby release, discharge and/or otherwise indemnify Miami Township, Clermont County, Ohio, The Board of Trustees of Miami Township, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participant's heirs, administrators and assigns as a result of participating in the Miami Township Holiday Parade. I further certify that the participant is physically fit and capable of participating in all activities required by the Miami Township Holiday Parade and that participating in the parade will not pose a risk of physical harm to any participant.

AUTHORIZATION FOR MEDICAL TREATMENT: In the event participant receives an injury requiring medical attention of any type, I hereby authorize Miami Township, Clermont County, Ohio or its employees or agents to consent to whatever treatment is medically necessary and hereby release those entities from any claims whatsoever arising from that consent.

AUTHORIZATION TO USE IMAGE & PHOTOGRAPHIC LIKENESS: In the event the participant or my photograph or other image is taken or created during the participant or my participation in the Miami Township Holiday Parade, in consideration of the acceptance of the participant in the program, I authorize Miami Township to use my photograph or other image for any purpose and without compensation.

Mail or Drop Off This Form with Check Payable to:
Miami Twp Recreation • 6101 Meijer Dr • Milford, OH • 45150

Signature _____ **Date** _____

I hereby certify that I am authorized to sign this application on behalf of the individual or entity whose name appears above. Should this certification prove to be false, I understand that I can be held personally liable for all damages that occur to Miami Township and its employees and agents as a result of this individual or entity's participation in this event.