



City of Arlington

Parade Application

A Parade Permit is required for a procession in the right of way where traffic laws will NOT be obeyed. This would include events that are shutting down any portion of a City street, events that control intersections or require police escorts. Events that obey all traffic laws and remain on sidewalks do NOT require a permit. A \$150.00 permit fee will be assessed for each event at the time of each application submittal. The application is required to be submitted a minimum of five working days prior to the parade.

The applicant must provide a bond in the amount of One Thousand Dollars (\$1,000.00) unless the parade is composed of pedestrians only and no vehicles or animals will be included, signed by the applicant as a principal, and a corporate surety company authorized to do business in the State of Texas as surety, conditioned upon compliance with the provisions of Article XI, PARADES of the Streets Chapter of the Code of Ordinances of the City of Arlington.

Provide a certificate of general liability commercial insurance in the minimum amount of \$1,000,000 per occurrence naming the City of Arlington, their officers, agents and employees as additional insured for claims occurring in City rights-of-way and/or public property with a waiver of subrogation for street blockages or closures. Additional amounts may be required based on the nature of the activity and the risk involved as determined by the City's Risk Management.

Please note that Auto Liability policies in the minimum amounts as required by the State of Texas must be in place for all operators of all vehicles used in the parade.

Event Title: _____	
Application Date: _____	Start Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Event Date: _____ <small>(Applications must be submitted a minimum of 45 days in advance)</small>	End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm

Organization: _____ Applicant's Name: _____

Address: _____ Applicant's Phone: _____

Email Address: _____ Fax Number: _____

Participant Information Number of Participants: _____
 Number of Spectators: _____
 Number/Description of Vehicles: _____
 Number/Description of Animals: _____
 Other/Comments: _____

Provide a detailed description of the event's activities, entertainment, etc:

Please describe your medical plan including the number and certification levels of medical providers, location of first aid stations, etc. Your plan must include access to an Automated External Defibrillator (AED) within 5 minutes as well as consideration for how communication will occur between your event staff and first aid/emergency personnel:

Person responsible for implementing traffic control:

Name: _____ Phone: _____

A proposed route map and traffic control plan must be attached. All proposed routes subject to revision.

Emergency sheltering locations must be identified on your route map.

THE UNDERSIGNED HEREBY AGREES TO WAIVE ALL CLAIMS, RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF ARLINGTON, TEXAS, ITS DEPARTMENTS OR EMPLOYEES, OR ITS CITY CONTRACTORS OR OTHER OFFICIALS, OFFICERS, AGENTS, OR CITY EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, DEMANDS AND/OR CAUSES OF ACTION, SUITS AND LIABILITY OF EVERY KIND, INCLUDING ALL EXPENSES OF LITIGATION AND/OR SETTLEMENTS WHICH MAY ARISE BY REASON OF INJURY TO PROPERTY OR PERSON OR FOR THE LOSS OF USE ARISING OUT OF OR IN CONNECTION WITH THE EVENT. SUCH INDEMNITY SHALL APPLY WHERE THE CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, SUITS OR LIABILITY ARISE IN WHOLE OR IN PART FROM THE NEGLIGENCE OF THE CITY OF ARLINGTON, TEXAS ITS COMMUNITY SERVICES DEPARTMENT OFFICIALS OR OFFICERS, CITY CONTRACTORS OR OTHER OFFICERS, OFFICIALS, AGENTS OR EMPLOYEES.

Organization: _____ Signature: _____ Date: _____

Printed Name: _____ Applicant Title: _____