



**THE KREWE OF ST. ANDREWS**  
**MARDI GRAS MAIN PARADE APPLICATION**

**Saturday**

**February 22, 2025 @ 2:00 P.M.**

**General Release of Claims, Hold Harmless and Indemnification Agreement**

In consideration of being permitted by the Krewe of St. Andrews, Inc. to participate in the St. Andrews Mardi Gras Parade (hereafter called "Main Parade") I, individually and as the authorized representative of \_\_\_\_\_ (Krewe, organization, or business), release and discharge Krewe of St. Andrews, Inc. and/or any of its directors, officers, committee chairpersons, or members, now or in the future, of and from any and all claims, demands or suits for any injuries, death, property damage or loss occurring to me or my organization as a result of my participation or my organizations participation in the Main Parade, whether known or unknown, past, present or future. I further agree that my participation or my organization's participation in the Main Parade shall not be construed as an admission of liability or assumption of any responsibility by Krewe of St. Andrews, Inc. or any of its directors, officers, committee chairpersons, or members for any of my personal acts or omissions or those of my organization. In addition, I agree to indemnify and hold harmless Krewe of St. Andrews, Inc. together with its directors, officers, committee chairpersons, or members, any other authorized participating Krewe, the City of Panama City and any of its personnel, all organizations and person(s) sponsoring, managing or in any other way participating in the Main Parade, inclusive of the Krewe of St. Andrews, Inc. of and from all claims, lawsuits, and/or causes of action, including but not limited to attorneys' fees and costs, in any way arising from my participation or my organization's participation in the Main Parade. I understand and agree that this document covers all known, unknown or unforeseen claims and the consequences thereof. I have read this document and fully understand its contents. I am aware that this is a release of liability and indemnification constitutes a contract between myself individually, the organization that I represent and the Krewe of St. Andrews, Inc. I am signing this of my own free will.

Typed Name of Representative of Organization \_\_\_\_\_

Signature of Representative of Organization \_\_\_\_\_ Date \_\_\_\_\_

Typed Name of Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Please complete and return to the Krewe of St. Andrews at [kosapcfl@gmail.com](mailto:kosapcfl@gmail.com) or mail to P.O. Box 16791, Panama City, FL 32406.