



NORTHVIEW HIGH SCHOOL

4100 West Hwy 4

Bratt, FL 32535

(850) 761-6000

Fax (850) 327-6106

www.northviewchiefs.com

Michael Sherrill

Principal

Gerry L. Pippins

Assistant Principal

Driver Waiver and Release From Liability and Indemnity Hold Harmless Agreement

Due September 24, 2021

I, _____, on my behalf and on behalf of my immediate and extended family, my heirs, personal representatives, successors and assigns, etc., hereby release and hold harmless the Escambia County School District, Northview High School, and all employees of the school district and/or any volunteers who are performing duties for the Homecoming Parade and associated activities from and against any claim for injury, including death, or loss or damage to my personal property that may be sustained by me from and during my tasks as a volunteer Homecoming driver.

I hereby state and represent that:

I hold a current, valid Driver's license and auto insurance policy;

I full understand the risk and dangers inherent in driving a Homecoming Parade Entry;

I am voluntarily participating in driving, whether my own vehicle or another's, knowing the existing weather, road, and other similar conditions and factors associated with driving the Homecoming Parade entry; and

I expressly agree to assume the entire risk of any personal injury, including death, which I might suffer as a result of my participation in volunteer driving duties

By signing below, I disclose that I have read, understand, and agree to the terms and conditions stated Herein.

This is a Release.

Please read before signing:

Printed Name: _____ Signature: _____

Date: _____ *Age: _____ DOB: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

*Must be 18 Years or Older.

**Attach a copy of Driver's License and Proof of
Insurance!**

Northview Homecoming Parade

Sponsored by Northview FFA
Form printed courtesy NorthEscambia.com

Parade Will be held on Friday, Oct 1, 2021

Line-up begins at Bratt Elementary School at 12:30 PM. Entry Due by Sept. 24

Individual or Organization: _____

Sponsor's Name: _____

Licensed/Insured Driver's Name: _____

How many floats/vehicles per organization: _____

Contact Number: _____

Contact Address: _____

Emergency Contact: _____

Email: _____

PLEASE CHECK ONE THAT APPLIES TO YOUR ENTRY

☐ Float or Related Trailer Entry

☐ Car, Truck, Other Motor Vehicle Entry

Specify: _____

☐ Marching unit

Number of Individuals: _____

☐ Other/Animal

Specify: _____

Return To:

Brandon Korinchak
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850-761-6000 Ext. 302137
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Fax: 850-327-6106