

**CHANNEL ISLANDS HARBOR PARADE OF FRIGHTS
BOAT ENTRY FORM**

The parade will begin at 7 p.m. Entries will not be judged. Please let us know which category your vessel falls under for safety reasons. **(IMPORTANT: PLEASE CHECK A BOX)**

- | | |
|---|---|
| <input type="checkbox"/> Individual Over 30' | <input type="checkbox"/> Individual 30' and Under |
| <input type="checkbox"/> Yacht Club Over 30' | <input type="checkbox"/> Yacht Club 30' and Under |
| <input type="checkbox"/> Commercial/Non-Profit/Govt. | <input type="checkbox"/> Electric Boat (Minimum 14') |

Boats over 50' will be required to contact the Ventura County Harbor Patrol at 805-973-5959 prior to acceptance.

Applicant Name: _____	Email: _____
Boat Owner: _____	Cell: _____
Address: _____	City/Zip: _____
Skipper: _____	Cell: _____
Boat Name: _____	Make: _____
Type: _____	Length: _____
Marina: _____	Slip#: _____

Mandatory Skipper's meeting will be held on Saturday, October 26, 2024 at 3 p.m. at the Harbor Patrol Offices, located at 3900 Pelican Way Oxnard, CA 93035. **ENTRY DEADLINE IS OCTOBER 26, 2024, 3 P.M.**

Please enclose:

1. Completed Entry Form and signed Release Form.
2. Copy of Boat's Insurance Policy (a copy must also be kept on board).

RETURN TO:

PARADE OF FRIGHTS, Channel Islands Harbor Foundation, Inc.
3900 Pelican Way, Oxnard, CA 93035 or email
CIHarborVisitors@ventura.org

For more information, please call 805-973-5950

**CONTRACT ASSUMING RISK OF INJURY OR DAMAGES AND RELEASING COUNTY
OF VENTURA AND CHANNEL ISLANDS HARBOR FOUNDATION, INC.
FROM ALL CLAIMS AND LAWSUITS**

Since all boating events can be dangerous, the COUNTY of Ventura, its boards, agencies, departments, officers and employees, hereinafter referred to as COUNTY and Channel Islands Harbor FOUNDATION, INC., hereinafter referred to as FOUNDATION, INC., require all participants in the boating event called "Parade of Frights" to assume all risks by signing this general release.

The undersigned participant, for himself and personal representatives, as well as assignees, heirs and next of kin, hereinafter referred to as PARTICIPANT, hereby promises and covenants not to sue the COUNTY and/or FOUNDATION, INC. with respect to any activities directly or indirectly related to the "Parade of Frights". The PARTICIPANT releases and agrees to indemnify COUNTY and/or FOUNDATION, INC. from any and all liability for all losses or damages and any claims or demands therefore, on account of injury or death of the person or property whether or not caused by the negligence of the COUNTY and/or FOUNDATION, INC. or otherwise while the PARTICIPANT is upon COUNTY and/or FOUNDATION, INC. premises or engaging in the "Parade of Frights", unless COUNTY and/or FOUNDATION, INC. is solely negligent.

PARTICIPANT acknowledges that no oral representations, statements or inducements of other written promises or inducements have been made and that the sum total of all agreements are contained in the contract. PARTICIPANT understands and is fully aware of the risks and hazards inherent in entering upon premises of COUNTY and/or FOUNDATION, INC. and in engaging in the "Parade of Lights" and that COUNTY and/or FOUNDATION, INC. does not intend to, will not and make no representations that they will or can ensure or enhance the safety of PARTICIPANT. PARTICIPANT hereby voluntarily elects to participate in the "Parade of Frights", realizing that he/she is participating in a hazardous and dangerous boating activity, exposing him/herself to risk of injury and that conditions may become more hazardous or dangerous, he/she has the ability to decline or refuse to participate in this event.

The PARTICIPANT agrees and understands that the statements contained in this contract are true and correct and that the COUNTY and FOUNDATION, INC. have relied upon them in entering into this contract and in giving PARTICIPANT permission to enter the "Parade of Frights".

I HAVE READ AND VOLUNTARILY SIGNED THIS INDEMNITY AGREEMENT AND RELEASE AND WAIVE ALL LIABILITY.

Printed name of PARTICIPANT: _____

Signature of PARTICIPANT: _____

Date: _____