

 SAINT AUGUSTINE COLONIAL NIGHT WATCH	2025 REGISTRATION WAIVER FORM	 SATURDAY EVENT	DECEMBER 4, 2025 DECEMBER 5, 2025 DECEMBER 6, 2025
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I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to ensure the safety of the equipment used to see that it is operated properly and that the Historic Florida Militia and its subsidiary company the St. Augustine Garrison, City of St. Augustine, St. Johns County, University of Florida, and their staff and representatives, henceforth referred to as the 'Indemnities', assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the St. Augustine Garrison, I waive and release and hold harmless the Indemnities and their staff and representatives from any and all claims of damages against the Indemnities and their staff and representatives for injury, or death, or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments, and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of or in connection with my participation in this event.

I further understand that marching in the evening parade requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations.

Print name: _____ **Age:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail address: _____

Cell number: _____ **Emergency Contact #:** _____ **What unit are you associated with?** _____

 For grant purposes: If you are staying at a hotel, etc., may we please have the <i>name</i> of the lodging business? Thanks!! <u>Lodging name:</u> _____	<i>Not applicable on the day of the event</i> Will you be camping? _____ Tent Size _____ X _____ Fly _____ X _____	*HFM is not collecting for Jollification this year. There will be a party on Saturday night at the Colonial Quarter campsite.
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Please sign and date:
 _____ **Date** ____/____/2025

