



PARADE APPLICATION RULES

1. All applicants for entry are subject to approval and acceptance by the Parade committee. For applications to be considered, they must be completed and received by November 1, 2025. No one will be allowed in the parade without approval from the Parade Committee.
2. The Parade will not be used as a platform or promotion for any special interests and should promote and align with Western Stock Show Association purposes. The Parade Committee reserves the right to determine if entry applications are in the best interest of Western Stock Show Association. Any parade-day deviations from the originally accepted application, violations of the stated guidelines or inappropriate behavior could result in your unit's exclusion from the parade.
3. **INSURANCE REQUIREMENTS:**

All Insurance companies must be approved to do business in the State of Colorado and acceptable to WSSA. WSSA its Directors, Officers, employees, agents and the City and County of Denver, must be added as additional insured on the General and Auto Liability policies with a 30-day written notice for any changes in coverage or cancellation of the policies. Certificates must be in the office of WSSA 30 days prior to the effective date of this agreement or forfeit all rights under this agreement.

The Contractor understands that as an independent contractor, he or she or his or her employees, are not covered by WSSA General Liability Insurance and/or Worker's Compensation Insurance

 - i. Before an applicant can be accepted for entry in the parade, the following insurance requirements must be provided to The Western Stock Show Association.

LIABILITY INSURANCE

As a condition of this agreement the Contractor will provide insurance certificates for Commercial Liability insurance, including products liability and completed operations, personal & advertising injury and contractual liability with a minimum liability limit of \$1,000,000.00 per any one occurrence. When applicable, the Contractor will provide certificates of insurance for professional liability, error and omission coverage, copyright liability and pyrotechnic liability, with a minimum liability limit acceptable to WSSA. Providers of professional services including Veterinarians, Medical Assistance Providers and Other Professional services must provide Professional Liability coverage for their services. WSSA its Directors, Officers, employees, agents and the City and County of Denver, must be added as additional insured as respects Commercial Liability. A waiver of subrogation, in favor of the City and County of Denver and WSSA, must be included as respects Commercial Liability.



AUTO LIABILITY

Commercial Automobile liability insurance, covering all owned autos or any vehicles to be used during WSSA events, including Non-Owned and Hired Auto, with coverage, having, with a minimum liability limit of \$1,000,000.00 per any one occurrence. WSSA its Directors, Officers, employees, agents and the City and County of Denver, must be added as additional insured. A waiver of subrogation, in favor of the City and County of Denver and WSSA, must be included.

WORKERS' COMPENSATION INSURANCE

The Contractor will provide a certificate of insurance for COLORADO WORKERS' COMPENSATION INSURANCE covering all employees of the Contractor and/or sub contractors. Any waivers of coverage endorsement, on the Workers' Compensation policy, must be attached to the certificate of insurance. Policy shall include employer liability. Any exception to this requirement must comply with the Colorado Workers' Compensation Laws. A waiver of subrogation, in favor of the City and County of Denver and WSSA, must be included.

- ii. For all individual participants, a Certificate of Insurance verifying Homeowners or Farm Owners liability, with limits of at least \$300,000. If a vehicle is involved, verification of Auto Liability must be provided, with a limit of at least \$300,000.
- 4. WARNING: UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO SECTION 13- 21-119 COLORADO REVISED STATUTES.
- 5. WARNING: UNDER COLORADO LAW, A LLAMA PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN LLAMA ACTIVITIES RESULTING FROM INHERENT RISKS OF LLAMA ACTIVITIES PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.
- 6. Throwing of anything from any entry will not be permitted along the parade route. Violations could result in the immediate removal of the unit from the parade. This prohibition includes handing of items from horseback or squirting fluids into the crowd.
- 7. NO beer or alcoholic beverages of any kind will be allowed prior to or during the parade.
- 8. Drones are not permitted prior to or during the parade.
- 9. Once approved payment will be required and all forms completed and submitted within 10 business days.

I hereby certify that I have read the applicable rules and take responsibility of informing all participants of the aforementioned stated rules. Furthermore, the undersigned has read and submitted the required certificate of insurance.

Participant _____ Date: _____

WSSA _____ Date: _____



**THE WESTERN STOCK SHOW ASSOCIATION
PARADE PARTICIPANT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY
AGREEMENT NATIONAL WESTERN STOCK SHOW 2026 PARADE**

IN CONSIDERATION of permission to participate in the National Western 2026 Parade, the undersigned for himself, his personal representatives, heirs and next of kin acknowledges and agrees that he has voluntarily requested and agreed to participate in the 2026 National Western Parade. PARTICIPANT further agrees that he understands the activities he is to perform and the potential dangers to injury or death that could occur as a result of his participation in the Parade. PARTICIPANT FURTHER:

- 1) **HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE PARTICIPANTS, THE WESTERN STOCK SHOW ASSOCIATION**, the City and County of Denver, Sponsors, Advertisers, their Officers and Employees all for the purposes herein referred to as "Releasees" from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is for any purpose participating in the parade;
- 2) **HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned while for any purpose participating in the Parade and whether caused by the negligence of the releasees or otherwise.
- 3) **HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releasees or otherwise while for any purpose participating in the Parade.
- 4) **WARNING:** Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities, resulting from the inherent risks of equine activities pursuant to Section 13-21-119 Colorado Revised Statutes.

WARNING: Under Colorado law, a Llama professional is not liable for an injury to or the death of a participant of Llama activities, resulting from the inherent risks of Llama activities pursuant to Section 13-21-119, Colorado Revised Statutes.

THE UNDERSIGNED expressly acknowledges and agrees that the activities of the parade can be dangerous and involve the risk of serious injury and/or death and/or property damage. **THE UNDERSIGNED** further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Colorado, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. All participants in the parade must complete and sign a waiver form. One waiver form per person.

PARADE ENTRY NAME: _____

Participant Signature: _____ Date: _____

Print Participant Name: _____ Phone Number: _____ E-mail _____

Name of Minor (Under Age 18): _____

Minor's Parent or Legal Guardian Signature: _____ Date: _____

Emergency Contact Name and Phone Number: _____

Non-Commerical / Individual Entry



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ABC Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED Parade Entrant

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Homeowners - OR - <input checked="" type="checkbox"/> Farm/Ranch owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		123456	X/X/XXXX	X/X/XXXX	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		78910 (auto needed only if entry involves an auto)	X/X/XXXX	X/X/XXXX	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 - OR BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

The Western Stock Show Association
4655 Humboldt Street
Denver, CO 80216

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/03)

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Commercial Entry



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		FAX (A/C, No):
	PHONE (A/C, No, Ext):		
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	INSURER A: ABC Insurance Company		
	NAIC #		
INSURED Parade Entrant	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		123456	X/X/XXXX	X/X/XXXX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y		78910 (auto needed only if entry involves an auto)	X/X/XXXX	X/X/XXXX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	76543	X/X/XXXX	X/X/XXXX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Western Stock Show Association and the City and County of Denver are included as additional insureds as respects General Liability and Automobile Liability (if entry involves an automobile). A waiver of subrogation in favor of the Western Stock Show Association and the City and County of Denver, as respects Workers' Compensation.

CERTIFICATE HOLDER

CANCELLATION

The Western Stock Show Association 4655 Humboldt Street Denver, CO 80216	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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