

**White Salmon 4<sup>th</sup> of July  
2026 Parade Application Form  
Saturday, July 4, 2026 @ 11:00 am Start  
10:15am Parade Line-Up @ Spokes Bike Park**

Parade Number

Completed application and all required documents **must be received no later than July 1, 2026**. Please mail parade applications to **PO Box 449, White Salmon, WA 98672**. Or drop to 1 Heritage Plaza/Visitor Center on SR14

**NAME OF ENTRY** \_\_\_\_\_

**RESPONSIBLE PERSON** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**CONTACT ADDRESS** \_\_\_\_\_

**Description / Information to share** (Tagline or Slogan, Year & Model of Vehicle, etc.)

**Entry Details (check one)**

**Line-up begins at 10:15 am. Parade starts at 11:00 am**

Vehicle \_\_\_\_\_ Community Group \_\_\_\_\_ Commercial Business \_\_\_\_\_  
School \_\_\_\_\_ Youth Group \_\_\_\_\_ **Veteran Transport** \_\_\_\_\_ How many seats? \_\_\_  
Equestrian \_\_\_\_\_ **\*\*TAIL END GANG REQUIRED\*\***

**Special Parade Position Request**

Awards / Honors:

**INDEMNIFICATION AGREEMENT**

I/We wish to participate in the White Salmon 4<sup>th</sup> of July Parade. The individual(s) or organization identified below shall, as a condition of participation, do hereby release, discharge and hold harmless Washington State, WSDOT, WSP, the City of White Salmon, the Mt. Adams Chamber of Commerce, any sponsors or volunteers from any and all claims, lawsuits, losses, damages or expenses on account of bodily injury or property damage arising out of my/our participation in the White Salmon 4<sup>th</sup> of July event. Further, the said individual(s) or organization will defend on behalf of Washington State, WSDOT, WSP, City WS, the Mt. Adams Chamber of Commerce, any sponsors or volunteers, all claims or suits and causes of actions of every kind whatsoever for bodily injuries or property damage arising out of my/our participation in the White Salmon 4<sup>th</sup> of July parade event. I have read and understand the safety guidelines for this parade, and I agree, on behalf of my parade entry, to follow all such guidelines. I will also ensure that my parade entry follows all directions from parade marshals and public safety officers on the day of the parade.

ORGANIZATION/BUSINESS/INDIVIDUAL(S) **NAME (PRINTED)**

AUTHORIZED ORGANIZATION/BUSINESS/INDIVIDUAL(S) **SIGNATURES**

DATE SIGNED

Send completed Application form & Indemnification Agreement, & Vehicle **Insurance Certificate** (Required) by 7/1/26. The guidelines for the parade are on the second page. Please call Tammara if you have any questions.

**Mt. Adams Chamber of Commerce P.O. Box 449 / 1 Heritage Plaza White Salmon, WA 98672**

**509-493-3630 [www.mtadamschamber.com](http://www.mtadamschamber.com) / [mtadamschamber@gmail.com](mailto:mtadamschamber@gmail.com)**