

THE *Belk* Carolinas'
Carrousel Parade

2010 RELEASE AND INDEMNITY FORM

The undersigned person, corporation or other entity is a participant (hereinafter "Participant") in one or more of the functions which are part of the Carolinas' Carrousel, Inc. Scholarship Program, Pageant and the Belk Carolinas' Carrousel Parade. Participant acknowledges that Carolinas' Carrousel, Inc. does not seek to make a profit from any of the activities of the annual parade and pageant, but uses any revenues for future activities.

In consideration of Carolinas' Carrousel, Inc. allowing Participant to take part in one or more functions of the parade and/or scholarship program, whether or not a fee has been paid by either party, Participant agrees that it will indemnify Carolinas' Carrousel, Inc., its officers, directors and employees, and hold them harmless with respect to any defense that they shall be required to make in connection with any claim or action arising out of Participant's involvement with the parade or pageant, including the payment of reasonable attorney's fees.

Participant acknowledges the fact that liability and other types of insurance are available in connection with its involvement in the parade and pageant, and agrees that it will obtain any bonds, insurance coverage and license required by Carolinas' Carrousel, Inc. or any governmental authority having jurisdiction.

If this agreement is executed by a party other than an individual acting on his or her own behalf, the undersigned person certifies that said execution is authorized by the corporation or other entity designated.

This _____ Day of _____, 2010.

AUTHORIZED SIGNATURE ON BEHALF OF ALL COMPANY/ORGANIZATION PARTICIPANTS

I, _____, _____ of _____
(printed name) (printed title) (printed name of group/organization)

acknowledge the signing of this Release and Indemnity on behalf of all my group's participants in the Carolinas' Carrousel and Carolinas' Thanksgiving Day Parade activities.

Witness (date) Authorized Signature (date)

OPTION TO SECURE INDIVIDUAL SIGNATURES

You may reproduce this form for individual signatures by your group members. A full listing of all participants along with their signed forms must be received in our office by Monday, October 18, 2010, if you choose this option.

I, _____, _____ of _____
(printed name) (printed title) (printed name of group/organization)

will provide a full list of names and addresses for all group members participating in the Carolinas' Thanksgiving Day Parade along with individual release forms signed by themselves and their parent or guardian.

Witness (date) Authorized Signature (date)

INDIVIDUAL SIGNATURES

I, _____, participant in _____
(printed name) (printed name of group/organization)
along with my parent or guardian _____ acknowledge understanding of
(printed name of parent or guardian)
The Carolinas' Thanksgiving Day Parade Release and Indemnity form and my signature on the form.

Participant's signature (date)

Parent or Guardian's signature (date)

Address

City, State, Zip