

EXHIBIT B

Marana Bluegrass & Acoustic Music Festival 2019

Vendor Name _____ Name of Your Booth _____
Number of People in your booth _____ Number of vehicles _____

Description of products you will be selling ex. Bar-Be-Que, Chips, Ice Cream, Pizza Photos Helpful. Attach menu if possible.

PLEASE PRINT

Your Address: _____

City _____ State _____ Zipcode _____

Phone _____ Email _____

Mail completed form and \$50.00 (Arts & Crafts) & \$100.00 (Food) payment (checks payable to Desert Bluegrass Association) to the above address by **February 1, 2019.**

AGREEMENT BETWEEN TOWN OF MARANA AND DESERT BLUEGRASS ASSOCIATION

Release and Indemnification Agreement. In consideration of the acceptance of my Vendor Application for the Marana Bluegrass & Acoustic Music Festival to be held March 15-17, 2019, I do hereby, for myself, my children, my heirs, executors and assign, release the Town of Marana(Town) and Desert Bluegrass Association(DBA), and their respective agents, officials, and employees from liability for any harm, injury, or damage, which I, or my minor children, may suffer while participating in the above-described event. This includes all risks that are connected with the event whether foreseen or unforeseen. Additionally, I agree to defend, save, hold harmless, and indemnify the Town and DBA , and their respective officials, employees agents, successors, and assigns from and against any and all manner of claims, suits, lawsuits, action or actions, causes or causes of action, liabilities, damages, and other claims and demands of whatsoever nature or kind, in law or in equity, in tort or in contract or otherwise caused by or resulting from my errors, omissions, or negligent or intentional acts in connection with the above-described event. I am of lawful age and legally competent to execute this Agreement. I understand the terms of this Agreement and have agreed to its terms as my own free act.

If I am acting on behalf of an organization, I certify that I am the agent of the organization, I am acting on the organization's behalf and I am duly authorized to execute this Release and Indemnification Agreement on the organization's behalf.

By signing below, I acknowledge that I have read and agree to abide by all the terms, conditions, rule and regulations outlined in this Vendor Application Form and that I have read and understand the terms of this Release and Indemnification Agreement and agree that I shall be bound by its terms and conditions.

Signature _____

RETURN SIGNED DOCUMENT WITH YOUR CHECK or CREDIT CARD PAYMENT RECEIPT TO:

Holly Tripp
1171 W. Chula Vista Rd.
Tucson, AZ 85704

Or email to Curt Holmes; AZbluegrass@comcast.net