## Desert Bluegrass Festival VENDOR APPLICATION

Vendor Name:		
Name of Vending Booth:_		
Number of people in your	booth:	
Number and type of Vehicles:		
Size of Your Vehicle, Lengt	h & Width:	
Your Address:		
City:	State:	Zip Code:
Phone:	Email:	
<b>Mail signed application for</b> 4837 W Snow Leopard Drive		or email to: dba.vendor@gmail.com
• •		n be made to the Desert Bluegrass Association (\$50.00 Arts redit card (online) at <b>Vendor Payment.</b>
		e Vendor Information on our website. Questions lston: 520-245-6126 dba.vendor@gmail.com.
		AND DESERT BLUEGRASS ASSOCIATION
Desert Bluegrass Festival, I do he (Town) and Desert Bluegrass Assorinjury, or damage, which I, or my risks that are connected with the and indemnify the Town and Desassigns from and against any and damages, and other claims and decaused by or resulting from my e	reby, for myself, my children, my ciation, and their respective agricultion, and their respective agricultion, and their suffer while event whether foreseen or unfoert Bluegrass Association, and the all manner of claims, suits, laws emands of whatsoever nature or orrors, omissions, or negligent or ally competent to execute this A	on of the acceptance of my Vendor Application for the heirs, executors and assign, release the Town of Marana ents, officials, and employees from liability for any harm, exparticipating in the above-described event. This includes al reseen. Additionally, I agree to defend, save, hold harmless, heir respective officials, employees agents, successors, and suits, action or actions, causes or causes of action, liabilities, r kind, in law or in equity, in tort or in contract or otherwise intentional acts in connection with the above-described greement. I understand the terms of this Agreement and
Food vendors are required to the Desert Bluegrass Associat		on in liability insurance coverage, naming themselves, as the insured.
behalf and I am duly authorized t	o execute this Release and Inde	agent of the organization, I am acting on the organization's mnification Agreement on the organization's behalf.  Fithin 14 days of the first day of the event.
	n Form and that I have read and	oide by all the terms, conditions, rules and regulations d understand the terms of this Release and Indemnification ditions.
Signature:		Date: