

TOWN OF SILT

SPECIAL EVENTS VENDOR FORM

BUSINESS NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ CELL _____ FAX _____

REPRESENTATIVE/ATTENDEE OF EVENT _____

BUSINESS OWNER _____ YEARS IN BUSINESS _____

TYPE OF PRODUCT OR SERVICE _____

COLORADO SALES TAX NUMBER _____

SPECIAL REQUIREMENTS (ADA, Electricity, Water) _____

EMERGENCY CONTACT _____

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TOWN OF SILT RELEASE OF LIABILITY STATEMENT

I, \_\_\_\_\_, owner of \_\_\_\_\_ (business), understand that the activities to which this participation registration relates may have an element of hazard or inherent danger and I take full responsibility for my booth and for my own physical condition as well as those who work the booth with me. By my signature hereon as a Vendor, and on behalf of my heirs, assigns, successors-in-interest, executors and administrators, I hereby voluntarily waive, release, absolve, indemnify, and agree to hold harmless the Town of Silt, its employees, sponsors, supervisors, participants, representatives and agents, as well as volunteers, concert promoters, members of the band(s), security personnel, and groundskeepers, from any claim arising out of any damages, losses, or injuries to myself or my employees. I understand that a reasonable effort will be made to contact my emergency contact in the event of an accident. I understand that my vendor fee entitles me to a 10' x 10' space at a location determined by the Town, electricity, and 2 event passes for workers of my vending booth. I understand that my booth must be fully set up by the time the gates open for general admission to the concert event.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FEE PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_