



MUCKLESHOOT INDIAN TRIBE

SOBRIETY POW WOW VENDOR PARTICIPATION AGREEMENT

Indicate: Arts & Craft Food Booth Informational Booth Other: _____

Instructions: This form **must** be completed, signed and returned to Event Coordinators in advance of set-up. Full payment is due prior to securing your space. **Please Print Clearly.**

Event Location: **2023 Sobriety Pow Wow**

Dates: **July 14 – July 16, 2023**

Name of Booth: _____ Contact Name: _____

Address _____ City/St _____ Zip _____

Phone: () _____ Cell: () _____ Email: _____

Special Requests: Water Power Other/Special Accommodation* _____

BRIEF DESCRIPTION OF BOOTH: ART & CRAFT/FOOD MENU/ INFORMATIONAL

VENDOR FEES: 10x10 \$150.00 10x20 \$225.00 20x20 \$275.00 ONE DAY \$65.00 OTHER: _____

RELEASE OF LIABILITY/HOLD HARMLESS AGREEMENT

As an authorized representative of the above organization, I agree to abide by the terms of this vendor participation agreement, event rules, and to operate in a safe and prudent manner, while at the event. Further, I agree to obey all applicable laws and security directives. I understand vendor space is on a first come first serve basis. I understand tables, chairs or tents are not provided to vendors. Further, I understand for food safety reasons, there is absolutely no combination of merchandise and food vendor spaces.

The Muckleshoot Indian Tribe will not be responsible for any theft, loss, or vandalism to my equipment/merchandise at the event. I agree to bring the correct fire extinguisher to the event for my space/booth. By signing below, I hereby agree to abide by the guidelines and rules set forth by the event coordinators.

I, the undersigned, agree to hold harmless, indemnify and defend the Muckleshoot Indian Tribe, its officials, agents, employees, and representatives from and against any and all claims, demands, defense costs, liability, or consequential damages of any kind or nature arising of or in connection with my participation in activities at the Muckleshoot Indian Tribe. I have read this form, and fully understand that by signing this form, I am giving up legal rights and or remedies, which may be available to me.

Print Name: _____ Signature: _____ Date / / _____

THANK YOU FOR YOUR PARTICIPATION AND HELPING TO MAKE THIS EVENT SUCCESSFUL!

-Do not write below--for administrative use only-

Approved Denied Initials _____

Payment Received? Yes No Vendor #: _____

Amount Received: \$ _____ Check #: _____ Received by: _____ Date: _____

Note: _____