



12th Annual
Saturday, May 15, 2010
10:00 a.m. – 3:00 p.m.
Vacaville Cultural Center
1000 Ulatis Drive

☐ **ENTERTAINMENT APPLICATION CONTINUED** ☐

CONDITIONS OF THE VACAVILLE CULTURAL DIVERSITY FAIR

- Each group/organization will be responsible for having their own insurance coverage, bringing their own props, etc.
- You may begin setting up at 7:30 a.m.
- Canopy shade larger than 10' x 10' or with sides may require a Fire Department permit.

LIABILITY RELEASE

I understand and acknowledge that participation in the Vacaville Cultural Diversity Fair may involve risk of injury or death to me, including economic losses, which may result from such participation or from the condition of the facilities, equipment or areas where the Vacaville Cultural Diversity Fair will be conducted.

I agree to immediately report to the Vacaville Cultural Diversity Fair Supervisor any unsafe conditions that may become known to me and any injuries incurred by me as a result of my participation in the Vacaville Cultural Diversity Fair.

I agree to indemnify, defend and hold harmless the Vacaville Cultural Diversity Fair Committee, the City of Vacaville, their officers, officials, employees, and volunteers from and against all liability, claim loss, damage, expense, cost (including without limitation attorney fees, expert fees and other costs and fees of litigation) of every nature arising out of or in connection with my participation in the Vacaville Cultural Diversity Fair or my failure to comply with any obligations related to the Vacaville Cultural Diversity Fair.

I further understand and agree that a possible injury or illness may require the use of emergency medical services. I understand that no medical insurance is provided by the City of Vacaville or the Vacaville Cultural Diversity Fair Committee and that any cost of such medical services will be at my expense.

I have read the above conditions and agree to all terms. I understand what is expected of myself, my group/organization and volunteers. I agree to abide by these policies.

Contact Name (please print): _____

Organization/Business Name: _____

Contact Signature: _____

Date:
