

Vendor Agreement Form

Please fill out the form below to confirm being a Vendor at the _____ at Saddle Sore Ranch (hereinafter "Organizer") on _____. Vendors are required to bring their own tables, chairs, awnings. No electricity is supplied. There will be no refund for rain or any other acts of God, the event will run regardless of weather conditions. In the case the event is cancelled, payments will be returned in full.

By signing below, I certify that I am an authorized representative of the above named business (hereinafter "Vendor"). I certify that Vendor will be present with a representative at the assigned Vendor rental space for the duration of the event. I understand that Vendor will be responsible for cleanup and teardown of Vendor's space at the end of the event. All fees are due at the time of signing this contract. Vendor is responsible for obtaining and maintaining all required licensing, permits, and required inspections for their products and/or services.

In consideration of being permitted to participate in this event, Vendor hereby takes action for itself, its employees, agents and representatives, and its executors, administrators, heirs, next of kin, successors, and assigns, as follows:

(A) To Waive, Release and Discharge from any and all liability for any and all damages, harms and losses suffered by Vendor and Vendor's owners, employees, agents and representatives, including but not limited to, death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to Vendor during the event or during Vendor's travel, to and from this event, **THE FOLLOWING ENTITIES OR PERSONS:** Organizer and owners of the Organizer, employees of Organizer and other agents of Organizer, sponsors including but not limited to **SOS ACCIDENT FUND, LEGAL RIDE and Schuetze, McGaha, Turner & Ferris, P.L.L.C.**, and their representatives, owners, agents and volunteers; and,

(B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of Vendor's actions (and the actions of Vendor's employees, agents and representatives) during this event. Accordingly, I do hereby release and discharge, and agree to Indemnify and Hold Harmless Organizer, owners of Organizer, employees of Organizer and other agents of Organizer, directors, employees, other organizers, sponsors, representatives and agents, and their officers, agents and employees, **SOS ACCIDENT FUND, LEGAL RIDE and Schuetze, McGaha, Turner & Ferris, P.L.L.C.** from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in this event. This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Vendor agrees that it has a Commercial General Liability Policy with at least \$1,000,000.00 in liability coverage and has secured a Certificate of Liability Insurance identifying Organizer, **SOS ACCIDENT FUND, LEGAL RIDE and Schuetze, McGaha, Turner & Ferris, P.L.L.C.** as additional named insureds for the purposes of this event.

Read and Agreed To

Vendor agrees that any employees it has present at this event are covered by a policy of Worker's Compensation insurance compliant with the applicable law of the applicable jurisdictions in all respects necessary for the purposes of this event.

Vendor hereby releases the organizers, their owners, employees and agents, from any and all claims based upon or arising out of the use, reproduction, distribution, display or performance of all or any part of the photographs or recording, or any derivative thereof, including any claim of invasion of privacy or right of publicity. Vendor agrees any photograph or video taken of Vendor or any employee or agent of Vendor in this event may be subsequently used on Social Media or Websites of the organizers, their owners, employees and agents, including but not limited to Facebook.

Dated	Signed	Title
Contact Person for Business:	_____	
Name of Business:	_____	
Primary Good or Service Offered:	_____	
Business Mailing Address:	_____	

Contact Cell and Business Number:	_____	

Email Address:	_____	
Size of area requested:	_____	
Work Comp Carrier and Policy No.:	_____	
Liability Carrier and Policy No.:	_____	