

**DOLAN SPRINGS TRAILS SYSTEM @ P.O. Box 592 / DS,AZ / 86441
& Kids Against Dumb Stuff of Mojave County Area
Are Teaming up for Dolan Days/2017!**

VENDOR APPLICATION FOR Oct. 14th DOLAN DAYS/2017

Please check in @ VFW at 9am for **Space # assigned for Day.

You will receive a Map & **Space # prior to Event. Set up 7-10am. We

will ask you(your group) to sign waivers to release Owners of Property, Arizona State, Mojave County, Dolan Spring, it's Merchants and/or Participants.... from ANY LIABILITY incident during this Dolan Days Celebration and it's Activities. NO ALCOHOL. Local bars open.

ALL Food Vendors will obtain County Food Serving Permit

VENDOR DONATION / \$10 per Space. Please, try to complete &

Mail in or Drop off to return Application BEFORE AUGUST 28th.

CONTACT

NAME: _____ PHONE: _____

ORGANIZATION/GROUP: _____

DESCRIPTION OF

ENTRY: _____

_____ **How many: ___ Adults ___ Kids ___ Animals**

_____ **SCHOOL / COUNTY / PARKS & RECREATION**

_____ **HEALTH/EYE SCREENING @ VFW (Approved)**

HORSE Display # ___ Horses # ___ Riders # ___ Spaces needed.

_____ **Other**

Approximate size for Space needed? _____ Spaces @ \$10each

Standard sized space marked off. *Can be connected or separate*

You will bring your own Canopies/Tables/Chairs/Signs.

We will provide ICE, Water & Guidance to emergency services.

Dolan Springs Fire Dept./Sheriff/Volunteer Posse, etc. Advised.

Email: _____ Yes on Facebook ___ Yes can Text ___

Signed: _____ on _____

Donation only....received by _____ on _____

“Remembering the Good Ol’ Days”

DOLAN DAYS VENDOR WAIVER FOR OCTOBER 14TH, 2017
PLEASE READ AND SIGN RELEASE FORM BELOW TO PARTICIPATE as a
VENDOR.

Hold Harmless waiver of responsibility for Saturday, October 14th, 2017 in Dolan Springs, Arizona / Mohave County / State of Arizona

Completion of this Information on this form confirms my intended participation as a Dolan Days Vendor to be held on Saturday, October 14th, 2017. In consideration for participation in this event, *I hereby hold harmless and discharge the Dolan Springs Trails System, K.A.D.S. of Mohave County, the Dolan Days Committees, township of Dolan Springs, Mohave County, Volunteers, Vendors & Merchants, and any Areas Associated with these locations involved in this event from any and all known and unknown damages, injuries, losses, judgments, or claims for any cause suffered by me personally or my property, as well as anyone under my direction or control.* I also agree to indemnify, without consideration, reservation or qualification, all of the aforementioned persons & organizations from any and all liabilities occasioned by or resulting from actions or conduct of any person assisting me, cooperating with me, under the direction or control of myself. I understand that I am responsible for making sure any persons or items, displays or vehicles will be set up, secured & parked according to required codes of event. I have read & understand the forgoing. I realize my hereon limits my rights of law. **BY SIGNING THIS WAIVER (FORM) YOU AGREE TO HOLD HARMLESS THE EVENT SPONSORS, COUNTY, STATE OF ARIZONA & Dolan Springs.**

I have read this & agree to above:

Signature: _____ on behalf of _____

Date: _____ Application Receivedby: _____ Thank you!