

Participants Application



The City of Sonora's OLD WEST FEST will take place on
Saturday, May 18, 2019, from 10:30 a.m. to 4 p.m.
WESTERN ATTIRE IS STRONGLY ENCOURAGED

Name: _____

Mailing Address: _____
(Full Address including Zip Code)

Phone # (_____) _____ or (_____) _____
(Day/Cell or Evening)

Email Address: _____

Summarize your Art/Craft or Item (s): _____

ALL VENDORS MUST WEAR SOME TYPE OF WESTERN APPAREL (BANDANA, HAT, CHAPS.) It is up to you, if not in western attire a \$50.00 booth fee must be paid

Please mail your Application, Waiver & a Photo of your craft items to:
City of Sonora c/o OLD WEST FEST
94 N. Washington St.
Sonora, CA 95370

You can also email all your paper to: swilkinson@sonoraca.com

If you have any questions please call Sheala Wilkinson at 209-532-7725.

**Deadline to return completed applications & waivers will be
Wednesday, May 1, 2019.**

**By May 10th all vendors locations will be either emailed out
or on the City's website at
www.sonoraca.com**

This is a new event for us, so please be patient as we are learning as we go.

CITY OF SONORA

AGREEMENT, WAIVER AND RELEASE Event/Activity

Name of Event/Activity _____

Date of Event/Activity _____

I understand the risks involved by participating in the above event/activity of for which I/we are utilizing the City of Sonora's property, and in consideration for being permitted by the City of Sonora to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said event/activity. This release is intended to discharge in advance the City of Sonora (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said event/activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this event/activity of involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

Authorized Representative

(To be completed by individuals representing an Organization or Group)

I, _____, warrant that I am authorized to execute this Agreement, Waiver and
(Name of Individual)
Release on behalf of the _____ and the Organization/Group's individuals
(Organization/Group)

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF SONORA.

Participant

Date

Participant

Date

PARENTAL CONSENT: *(MUST be completed and signed by parent/guardian if applicant is under 18 years of age)* I hereby consent that my son/daughter participate in the above activity and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF SONORA.

Parent or Guardian

Date

