## 2017 Food Vendor

I want to participate as a 2017 Loggerodeo<sup>TM</sup> food vendor. I understand that in order to do so all persons selling items must follow the rules and regulations. I also understand there is a fee associated with being a vendor at this event and agree to pay said fee. I also understand the below indemnity agreement. Please provide a copy of your menu and your insurance certificate. You will be required to commit for the event dates, which are July 1st through July 4th. The hours of operation we require are 11:00am to 7:00pm, hours beyond that is at your discretion. Fee is \$240.00

Name of Business / Organiza	tion / Contact Person (PLE	ASE PRINT)	_
Address			_
City	State	Zip	_
Phone	E-mail		
Woolley Loggerodeo <sup>TM</sup> , the officials, agents and employed performance of the contract. action, damage, or expense, it	Sedro-Woolley Chamber of the set of State, from and again "Claim" as used in this agreement and the second to the	f Commerce, City st all claims arisi eement means an attorney's fees, a tangible property I, and hold harml	attributable for bodily injury, including loss of use resulting less includes any claim by
the Sedro-Woolley Chamber Contractor's or any subcontr required to indemnify, defen- only to the extent claim is ca	of Commerce and the City actor's performance or failu d, and hold harmless the Se used in whole or in part by uses, insurance, etc. required	for any claim are tree to perform the dro-Woolley Chanegligent or inte	Sedro-Woolley Loggerodeo <sup>TM</sup> , ising out of or incident to e contract. Contractor shall be amber of Commerce and the City ntional acts or omissions of the inty, and state to operate a legal
	Sedro-Woolley Chamber of om expenses of whatsoever	f Commerce and kind or nature, in	hold harmless the Sedro- their agents, the City of Sedro- ncluding attorney's fees, incurred
SIGNATURE OF BUSINES	S OWNER		

CONTACT PERSON FOR EVENT (if different from above)