



White Salmon Spring Festival

P.O. Box 116

White Salmon, Washington 98672

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Email: wsspringfest@gmail.com

Phone: 509-493-2063 Fax 503-270-2579

Contract for Activity Providers

This PDF form is computer-fillable, or please type or print clearly

Business Phone

Contact Name Email

Address

City State Zip

Description of activity to be provided:

The Spring Festival requires that activity providers remit \$50.00 or 10% of gross proceeds (whichever is higher) to the committee. This fee shall be due and payable to the White Salmon Spring Festival on Sunday of the festival. Please read the vendor guidelines.

All vendors/participants must provide a Certificate of Liability Insurance that shows:

1. Coverage for the **dates of the festival**
2. **\$1,000,000** General Liability Insurance (**minimum**)
3. White Salmon Spring Festival listed as **“Additional Insured”**

INDEMNIFICATION AGREEMENT

I/We wish to participate in the White Salmon Spring Festival. The individual(s) or organization identified herein hereby agree to, as a condition of participation, indemnify and hold harmless the City of White Salmon and the White Salmon Spring Festival Committee from any and all claims, lawsuits, losses, damages or expenses on account of bodily injury or property damage arising out of or related to my/our participation in the White Salmon Spring Festival.

Further, the said individual(s) or organization agree to defend the City and the Spring Festival Committee against all claims or suits for bodily injuries or property damage arising out of or related to my/our participation in the White Salmon Spring Festival.

I have read and understand all festival guidelines.

Vendor Signature _____ Date