



TRUCK & TRACTOR DAY Vendor Application

OCTOBER 8, 2022 12-3pm

Fort Steilacoom Park 8714 87th Ave SW, 98498

Company Name _____

Name of person attending event _____

Cell Number for day of event contact _____ Email: _____

I am bringing a truck/tractor/vehicle Yes ____ No ____

I am bringing the following number of vehicles: ____

Type and size of each vehicle: _____

Size of total space needed: _____

I am a business/organization only bringing a canopy with an activity and information: ____

I am a business that will sell items: ____

Size of your canopy 10x10 ____ 10x20 ____

Further Description of what you are providing and/or special notes: _____

Cost of vendor booth for businesses selling items is \$20 (10x10) \$40 (10x20)

Please make check to City of Lakewood for: truck and tractor day. Mail with your application to:

Attn: Sally Martinez, 6000 Main Street SW, Lakewood WA, 98499

Please provide proof of following liability insurance to the City of Lakewood by October 1:

For trucks: Commercial Auto Liability Insurance with limits of \$1 million per occurrence & \$2 million aggregate, *with the City of Lakewood listed as an additional insured.*

Waiver of Liability Release & Hold Harmless

I assume all risks and hazards incidental to such participation including any damage or loss to myself, my employees/volunteers, my booth and/or my inventory. I hereby waive, release, absolve, indemnify and agree to hold harmless the City of Lakewood, City of Lakewood Parks, Recreation and Community Services Department, event partners, supervisors, staff and volunteers for any claim arising from injury to myself, my staff/volunteers and/or my belongings. Furthermore, in case of any emergency, if I should require medical attention, I give permission for a City of Lakewood representative, or the representative's designee, to secure the emergency medical attention required. Any direction to the contrary should be attached to this form and signed. I agree that pictures taken during the program hours may be used for promotional purposes. By signing here I am stating that I have read, understand and agree to the liability and hold harmless release.

Contact Person's Signature _____ Date: _____

I am authorized to sign this document on behalf of my company (initial) _____

Thank you so much for participating!

Contact: Sally Gilpin Martinez, smartinez@cityoflakewood.us, 253.983.7758

Lakewood City Hall, 6000 Main Street SW, Lakewood, 98499