

WRHS Fighting Scouts TRACK & FIELD ARTS + MUSIC FESTIVAL Vendor Application

Name: _____

Address: _____

Phone: _____ Email: _____

Arts & Music Vendor - \$25/table – Limited Spots Bee Hóldzil Fighting Scouts Events Center – Heritage Hall

☐ April 28, 2023 – 12pm to 8pm
ARTS + MUSIC FESTIVAL
Art Type: (Jewelry, Painting, Craft, Digital, etc)

Payment: Money orders only. NO CHECKS!
Payable to WRHS Track & Field Club

VENDING RULES

1. Window Rock Unified School District, Tsehootsooi Medical Center, staff or sponsors shall not be held responsible for any injuries, damage, theft, or loss of any property of any person before, during and after the ARTS + MUSIC FESTIVAL.
2. An application constitutes one (1) space. One white table and 2 chairs will be provided in Heritage Hall. No one is permitted to use other "OPEN" space. **No** Refunds of any entry fees – No exceptions. Masks are required inside the Bee Hóldzil Fighting Scouts Events Center.
3. Registration will be closed when the maximum number of 40 applications.
4. Tables can set up prior to time indicated above at the Bee Hóldzil Fighting Scouts Events Center designated area – Heritage & Concourse Hall.
5. Table is limited and based on a first come, first served basis. Battery operated power only.
6. No negative campaigning or personal attacks will be allowed in any way shape or form. Includes calls to action will not be permitted. The ARTS + MUSIC FESTIVAL is to show support for WRHS Fighting Scouts, their clubs, and communities.
7. Upon completion of the event, please ensure the area around your table is clean & all trash removed prior to leaving. Trash bags will be available at the registration table.
8. For more information or if you have any questions, please contact 928.729.6706 or contact@wrschool.net.
9. Go Scouts! Mask up! Stay Safe!

RISK, WAIVER AND IMAGE RELEASE FORM

The undersigned hereby agrees to defend, indemnify, and hold harmless the Window Rock Unified School District and its board, employees, and agents from and against any and all loss, liability charges and expenses (including attorney fees) and cost which may arise by reason of participation in any program. (The District does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants). As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating in the premises. I understand the District retains the right to use photos taken during activities for publicity purposes. I acknowledge that my participation in this event, or that of my child, could involve the risk of physical injury or damage to property. I expressly assume such risk and release and waive any claims against the WRUSD, its agents and employees for any injuries to persons or damage to property. The WRUSD may use photos, film, videotape, or otherwise reproduce the image and/or voice of any person who participates in any program, class, or special event and use the same for any purpose without any payment. Your participation in any event or program constitutes your permission to use your likeness.

Participant Signature: _____ Date: _____

Office Use Only

Money Order#: _____ Rec'd by: _____ Date: _____

Qs: 928.729.6706 or contact@wrschool.net