

2024 SCRC FLORIDA STATE RALLY



VENDOR REGISTRATION

BUSINESS PHONE:	CELL#:		
CITY:	STATE:	ZIP:	
WEBSITE:	EMA	EMAIL:	
PRODUCT/SERVICE DESCR	RIPTION:		
VENDOR FEE: (choose one)			
□ \$75 Cash □	\$75 Valued In-Kind Dor	nation:	
ONSITE PLAN/SCHEDULE:			
□ Thursday April 11	Start Time:	to End Time:	
☐ Friday April 12	Start Time:	to End Time:	
□ Saturday April 13	Start Time:	to End Time:	
REQUIREMENTS/NEEDS (i.e	e., water, electric, etc.):		
WAIVER AND RELEASE OF	LIABILITY		
to participate as a VENDOR, I agree as heirs hereby voluntarily agree to releas STATE RALLY; and its owners, agents, bodily injury, property damage, wrong as a VENDOR in the 2024 SCRC FLO	follows: I, on behalf of myse se, waive, discharge, hold han officers and volunteers fron ful death, loss of services or o RIDA STATE RALLY activitie r actions that I may have pr	ervices, location and/or equipment to enable melf, my business, personal representatives and members, defend and indemnify 2024 SCRC FLORIDA and all claims, suits or causes of action footherwise which may arise out of my participations. I specifically understand that I am releasing esently or in the future for the negligent acts of agents, officers or volunteers.	
INTENTION TO EXEMPT AND RELIEVE;	2023 SCRC FLORIDA STATE	THIS VENDOR REGISTRATION, I AGREE IT IS M RALLY; FROM LIABILITY FOR PERSONAL INJURY AUSED BY NEGLIGENCE OR ANY OTHER CAUSE.	
AUTHORIZED VENDOR REI	PRESENTATIVE		
SIGNATURE:		DATE:	