

Event Location: 700 W. Wheeler Ave, Aransas Pass, Texas 78336

## Booths are available on a FIRST COME FIRST SERVE BASIS ONLY.

- 1. Independent vendor's food must be self-contained with electrical power.
- 2. Self-contained vendors fee \$50.
- 3. All food booths MUST have a 5 lb. fire extinguisher.
- 4. All food booths that have barbecue pits MUST put the pits in a designated area.

NO EXCEPTIONS WILL BE ALLOWED. It will be necessary for you to work with other booths that have pits in order to have one person in the pit area at ALL TIMES.

- 5. ALL VOLUNTEERS HANDLING FOOD MUST HAVE A FOOD HANDLERS CARD FROM THE SAN PATRICIO COUNTY HEALTH DEPARTMENT. THIS IS A REQUIREMENT AND YOUR RESPONSIBILITY.
- 6. All Food Trucks will need to submit their menu ahead of time to avoid duplication of product sold.
- 7. No commission or percentage is charged.
- 8. The decisions of the committee will be final.
- 9. The sponsoring entity has the right to accept or refuse any application.

NAME OF BUSINESS	
CONTACT NAME AND PHONE NUMBER	
E- MAIL ADDRESS	
MAILING ADDRESS	 

## INDEMNITY AGREEMENT NOT TO SUE AND LIABILITY RELEASE

As a participant in the Coastal Bend Classic & Custom Car Show, I acknowledge the risks, and assume personal responsibility for my actions. I hereby release, covenant not to sue and agree to indemnify and hold harmless the The Wounded Warrior Fan Club it agents, employees, officers, sponsors and successors from any claim or liability, which I, my heirs, executors, administrators, or assigns may have or claim to have arising out of any bodily injury, death, or property damage I might sustain relating to activities while participating in the 2023 Coastal Bend Classic & Custom Car Show. I understand that if I am a food vendor there are potential risks involved in cooking and/or serving my food item which include, but are not limited to, burns, cuts, slipping, falling, or lifting heavy items which are heavier than they actually appear. I have read this Indemnity Agreement, Covenant Not Sue and liability Release, and I understand all its terms. I sign it voluntarily and with all knowledge of its legal consequences.

Print Name	Date	
	Address/City/State/Zip	
Participant's Signature		
	Telephone Number	