



2024 Food Truck Friday *Entertainment* Application Package

2024 FOOD TRUCK FRIDAY ENTERTAINMENT APPLICATION

PLEASE SUBMIT THIS FORM VIA EMAIL TO j.kirby@carthagemo.gov.

Contact Name _____ Band Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Facebook/Instagram _____ Email address (REQUIRED) _____

Type of Music/Entertainment _____

Date(s) of desired participation:

April 12 _____ May 10 _____ June 14 _____ July 12 _____ August 9 _____ September 13 _____

Entertainment at Food Truck Friday is conducted on the covered pavilion at Central Park. Electricity is provided, but sound and lights are not. Please consider this in your bid to perform. Acts perform from 6pm-9pm.

Food Truck Friday is an outside event. Rain showers do not necessarily cancel event or entertainment. We will cancel or shorten the event if severe weather is imminent, at the direction of police and fire department advisement. Entertainment application is not complete without a signed Food Truck Friday 2024 Liability and Media Waiver (next page).

Cost of band to perform _____ Cancellation terms, if any _____

W-9 must accompany application, no payments will be made without a W-9 on file for tax purposes:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Link to sample of music is required for consideration to perform at Food Truck Friday. Please include link in your application email.

Signed _____ Date _____

FOOD TRUCK FRIDAY 2024 LIABILITY AND MEDIA WAIVER

FOOD TRUCK FRIDAY ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

FOOD TRUCK FRIDAY EVENT DETAILS FOR 2024:

Dates: April 12, May 10, June 14, July 12, August 9, & September 13 **Time:** 11am-9pm

Location: Carthage Central Park, 714 S. Garrison Ave., Carthage, MO 64836

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, and risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: City of Carthage, County of Jasper, their directors, officers, employees, members, volunteers, sponsors, representatives, and agents, the activity or event holders activity or event sponsors, activity or event volunteers;
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned from all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants but are also present to volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PRINT FULL NAME

SIGNATURE

DATE