



Vendor Entry Form
CFD Fabulous Freestyle Fundraiser
November 6, 2011
Location: Silver Sands Arena, New Smyrna, FL

Office Use Only (Items Completed):

Form : _____

Fee Paid: _____

Photo Release: _____

Liability Release: _____

Please fill out 1 form per Vendor ALL FIELDS ARE REQUIRED FOR COMPLETE REGISTRATION

Vendor Contact Name: _____

Vendor Business Name: _____

Vendor Address: _____

Vendor Phone Number: _____ Email: _____

CFD member? Yes _____ No _____

Vendor Emergency Contact Name _____ Phone _____

Setup preferences or other requests: _____

All vendors will be periodically mentioned throughout the day by the announcer. Vendors who pre-arrange to donate a raffle item valued at \$15 or more prior to November 1 will be listed in the program.

Donating a raffle item? Yes / No Item: _____

Vendor Fee (\$10.00 CFD member, \$25.00 non- CFD member) Vendor Fee \$ _____

Overnight Electrical Hookup \$25 Qty: _____ Total Hookup Fees: \$ _____

Total Fees: \$ _____

Please mail to: Ann Ott-Chartier, 3629 Mirror Lake Dr, Apopka, FL 32703.
or email centralfloridadressage@yahoo.com

PHOTOGRAPH AND VIDEO RELEASE:

I authorize and provide permission for Central Florida Dressage, Inc and related entities to use or provide for publication photographs or video taken of me, or my representatives at this event in any type of media including websites and printed material. I understand I will not be paid or compensated for providing this authorization. Signing this authorization is no guarantee my photographs will be ultimately selected for publication or reproduction.

Signature: _____ Print Name: _____ Date: _____

WARNING

Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

LIABILITY RELEASE & ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I understand that by participating in this event, I do so at my own risk and risk to any of my representatives. I understand that Central Florida Dressage Inc, its board members and staff, United States Dressage Federation Inc, the event organizer, volunteers, clinician(s), facility staff, the hosting individual(s) and/or organization, sponsors or anyone acting on their behalf are not responsible for accidents, damage, injury or illness to the horses, riders, spectators, or any other person in connection with this event. I further agree to abide by all USDF rules and fulfill all financial commitments related to this event. Participant submitting this form is ultimately responsible for paying all vendor fees for this event to CFD.

The undersigned as a participant/parent/legal guardian or legal representative/agent/responsible party, being of legal age and fully competent to contract, have read, understand, and agree to the above Warning and Chapter 773 of the Florida Statutes (available at <http://www.leg.state.fl.us/statutes> OR available upon request from Central Florida Dressage Inc) and the Liability Release & Acknowledgment of Financial Responsibility.

Signature: _____ Print Name: _____ Date: _____