

COMMUNITY SAFETY AWARENESS DAY

Jefferson County Fairgrounds Saturday, August 26TH, 9 A.M.-1 P.M.

Name:		
Business Name:		
Address:		
City	State:	Zip:
E-mail:		
Information to be given:		
Payment Information: Check or Money Order (No credit cards) \$100.00 for a 6' X 2' Display Area—'For-Profit' Vendor Make payable to: District Attorney's Community Partnership		
Participation must be confirmed by the District Attorney's Office. Duplication of similar booths may be limited. There is no charge for non-profit organizations but they must fill out, sign, and return the application. This is a "No Selling" event. By prior permission, some contributions may be allowed.		

Each Exhibitor must return this completed application and signed agreement.

Each Exhibitor will be assigned a booth space. Each space will have a display table, 6' X 30". Exhibitor may provide table covers, skirts, chairs, etc.

Exhibitors must conduct their operations within the confines of their assigned space.

If for any reason an Exhibitor's booth or its contents is deemed inappropriate or differs from this stated application, the Exhibitor may be removed.

The District Attorney's Office is not responsible for damage or loss of Exhibitor property.

Cancellation/Refund Policy: No refunds will be given after August 11, 2017. If an Exhibitor cancels prior to August 11, 2017, their booth fee will be returned minus a \$25.00 Registration Fee.

If the terms of this agreement are violated, the Exhibitor agrees that their rights as an Exhibitor, including their agents and employees, to booth space may be revoked immediately without refund or financial remuneration.

Exhibitor agrees to hold harmless and indemnify the 1ST Judicial District Attorneys Office and all official sponsors from and against any and all liabilities, costs, damages, expenses, and attorney's fee resulting from or attributable to any and all acts and/or omissions of Exhibitor associated with Exhibitor's booth and its operations and agree to be part of no legal action of any kind against any of them.

Exhibitor represents that all information provided in this application is true and correct, that they have read and understand all policies and procedures outlined in this application. It is agreed that no other agreement shall be binding upon the parties.

Signature: _____

Date: _____

Mail payment/vendor form to:
Community Safety Awareness Day
c/o District Attorney's Office
500 Jefferson County Parkway
Golden, CO. 80401