

TOWN OF RIVERSIDE
P.O. BOX 657
207 West Welton
RIVERSIDE, WYOMING 82325

VENDOR APPLICATION

APPLICANT NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP _____

TELEPHONE: _____

E-MAIL: _____

DESCRIBE BRIEFLY TYPE OF BOOTH: _____

NAME OF PERSONS WHO WILL BE "IN CHARGE" AT THE BOOTH:

INSURANCE INFORMATION:

NAME OF INSURANCE

COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

POLICY NUMBER: _____

DISCLAIMER:

NOTICE: YOU ARE FINANCIALLY RESPONSIBLE FOR YOUR ACTS OF NEGLIGENCE AND MAY BE FINANCIALLY RESPONSIBLE FOR THE NEGLIGENT ACTS OF OTHERS INVOLVED IN THIS EVENT. YOU ARE ENCOURAGED TO OBTAIN INSURANCE FOR THIS ACTIVITY. YOU AND PARTICIPANTS IN THIS ACTIVITY ARE NOT INSURED BY THE TOWN OF RIVERSIDE.

THE TOWN OF RIVERSIDE, ITS EMPLOYEES, APPOINTED AND ELECTED OFFICIALS HEREBY PRESERVE ANY AND ALL IMMUNITY AVAILABLE TO THEM PURSUANT TO WYOMING LAW AND THE WYOMING GOVERNMENTAL CLAIMS ACT, AND NOTHING CONTAINED HEREIN SHALL BE DEEMED TO BE A WAIVER OF ITS IMMUNITY.

DATED THIS _____, DAY OF _____, 20_____

Applicant Signature