Southern Nevada Center For Independent Living

26th Annual Disability Awareness Day
October 21, 2017
Sammy Davis Jr. Festival Plaza at Lorenzi Park
10:00 a.m. - 2:00 p.m.

Cosponsored by SNCIL and City of Las Vegas Adaptive Recreation Programs

DEADLINE TO RESERVE SPACE: 09/30/17

APPLICATION

The Undersigned Applicant hereby requests permission to enter the Southern Nevada Center for Independent Living (SNCIL) 26th Annual Disability Awareness Day, which is scheduled for October 21, 2017 at Sammy Davis Jr. Festival Plaza at Lorenzi Park 720 Twin Lakes Drive, Las Vegas, NV 89107. The hours of the event will be 10:00 a.m. to 2:00 p.m. The Applicant is responsible for booth set up, decorations, etc. SNCIL reserves the right to refuse applicants participation in the event if the proposed activity or if the materials do not fit the event theme or quality standards.

Please print:
COMPANY NAME _____ **CONTACT** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____ **E-MAIL**_____

FEE for SPACE: **$35.00 donation for nonprofit organizations**
$75.00 donation for profit organizations
Table Space, 5' and two chairs
Event is held outdoors, please bring your own tent.

Please make check payable to: Southern Nevada Center for Independent Living
Cancellation Policy: 2 weeks' notice required for a refund

_____**$35.00 non profit organizations** _____**$75.00 for profit organizations**

AMOUNT OF FEES INCLUDED WITH APPLICATION: $_____ **Check #** _____

Need Electricity? Yes or No (Please Circle)

Provide a brief description of materials to be displayed:
_____
_____
_____

MAIL APPLICATION TO: **Southern Nevada Center for Independent Living**
2950 S. Rainbow Blvd., Suite 220
Las Vegas, Nevada 89146

Fax or Call with any questions: **Fax - 702-889-4574**
Phone - 702-889-4216

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GENERAL RULES AND REGULATIONS:

1. Applicant may only display items listed in the application and approved by SNCIL. If applicant wishes to display additional item(s), SNCIL approval is required.

2. Applicant must have a resale tax permit and all other appropriate licenses and permit required by the City, County and State.

3. Setup time at 8:00 a.m. unless otherwise arranged. Applicant must be ready to display no later than 10:00 a.m. tear down will not be permitted until the close of the event 2:00 p.m.

4. Applicant is required to remove all trash and other articles from his/her booth area at the close of the day.

5. Southern Nevada Center for Independent Living has the right to refuse applicant participation in the event if the applicant proposed activity or product does not fit the theme or quality standards of the event.

6. Applicant is requested to contact SNCIL two weeks prior to the event, if he/she will not be able to attend.

I have read and understand the rules and regulations listed herein and agree to comply.

_____ _____

Applicant (s) Signature **Date**

_____

Organization/Company Name

SNCIL 26th Annual Disability Awareness Day October 21, 2017

HOLD HARMLESS AGREEMENT:

In consideration of Southern Nevada Center for Independent Livings (SNCIL): Acceptance of the application to participate in 26th Annual Disability Awareness Day, October 21, 2017 the applicants (its officers, directors, agents, employees, representatives and / or members) agree to indemnify, hold harmless, protect and defend SNCIL, Las Vegas, Nevada and the City of Las Vegas Adaptive Recreation Department, as well as each entities agent, entities agents, employees, and/or representatives, from and against any loss, claim of loss, injury (including, but not limited to, personal injury), damage (including, but not limited to, property damage), liability or other expense (including, but not limited to, reasonable attorneys fees and court costs), claimed by or resulting from a third party or the applicant (or any officer, director, agent, employee, representative of the applicant), that arises out of, or is any manner related to, any act failure to act by the applicant (its officers, directors, agent, employees, representatives, and/or members) in connection with the applicants participation in this event.

The undersigned has read this agreement carefully and represents that he or she has the authority to execute this agreement on behalf of the party for whom he or she is signing.

Print Applicant(s) Name	**Date**
Applicant (s) Signature	**Organizations/Company Name**

Please keep a copy for your Agency, and thank you for sharing your information, services etc. with individuals of all disabilities.