

OTA Shaolin Classic Vendor Application



Name of Organization _____

Organization Tax ID # _____

Sponsorship/Donation amount \$ _____

Primary Contact _____ Position/Title _____

Vendor Responsibilities:

There MUST be at least one organization representative at your table at all times. Vendors are responsible for setup, breakdown and cleanup of their allotted space. Vendors are to uphold the safety standards of Operation Turn Around, OTA, Inc. and NYC Parks and Recreation, <http://www.nycgovparks.org/rules>. *The vendor will be allotted space for one 6'x3' table. Any additional space must be requested via email (shaolinclassic@otaworks.org) and approved.

Assumption of Risk Waiver:

The person signing below legally represents their organization and the parties thereof. I have read the agreement and safety requirements. By signing this waiver, the participating vendor voluntarily agrees to assume and/or incur all risks of loss, impairment, damage or injury of whatever kind, including death, that may be sustained or suffered by attending/participating in this Event/Activity whether or not such occurrence, in whole or in part, results from acts or omissions, negligence or other fault of Operation Turn Around, OTA, Inc., New York City Parks & Recreation or any of their employees, volunteers or other affiliates. In addition, the vendor, including his/her heirs, assignees, personal representatives, business associates and other affiliates, agree to release, hold harmless and indemnify Operation Turn Around, OTA, Inc., New York City Parks & Recreation and any of their affiliates from and against any claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorneys' fees) on account of property damage or personal injury (including death) arising out of, or attributable to, the individual's travel to or participation in the Event/Activity.

This Assumption of Risk and Release Waiver has been written for the benefit of Operation Turn Around and is signed to protect Operation Turn Around, OTA, Inc., New York City Parks & Recreation, any of their affiliates and all of their trustees, officers, directors, managers, servants, agents, faculty, staff, students, volunteers, employees, advisors and/or other representatives. The undersigned acknowledges that he/she has read and understands this document.

Participant's Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____