

2020 Activity Form

Dear Twin City Days Activity Organizer:

Thank you for being part of Twin City Days by organizing an activity during this annual community festival. We are happy to be able to share the details of your activity in the Twin City Days brochure. To assist us in insuring that Twin City Days information is promoted consistently, please **fully complete and sign** this form to provide us with all needed information so that we may accurately and completely share your activity information through official Twin City Days promotional materials.

Only activities submitted using this form will be included in the official 2020 Twin City Days schedule. Forms must be returned to the Twin City Area Chamber of Commerce office by **Friday, June 12** to appear in the printed brochure. A Certificate of Insurance valid through September 12, 2020 must also be received by June 12. Coverage is to include Twin City Area Chamber of Commerce, the City of Crystal City, the City of Festus and the City of Herculaneum as additional insureds on a primary basis. **Waiver of subrogation indemnity agreement and hold harmless is included.** For more information, contact the Twin City Area Chamber of Commerce at twincity.chamber@sbcglobal.net or by phone at 636-931-7697.

The Twin City Area Chamber of Commerce and/or Twin City Days Committee reserve the right to refuse any activity for any reason.

Company/Organization

Name

Activity_____

Date (check all that apply) September 10 () September 11 () September 12 ()

Time_____

Location

Short Description

Contact Person_____

Phone# (for brochure) _____

E-mail (for brochure) _____

RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, understand that participation and/or involvement as an organizer of an independent event or activity, publicized as a component of Twin City Days, carries with it the potential for certain risks, some of which may not be reasonably foreseeable to participants, the general public and members of my own organization. I further acknowledge that these risks could cause me, or others around me, harm, including, but not limited to, bodily injury, damage to property, emotional distress or death.

I acknowledge that all planning, administration and execution of the activity described on this form are the sole responsibility of the hosting organization or business, and not the Twin City Area Chamber of Commerce or Twin City Days Committee, organizers, the City of Crystal City, the City of Festus or the City of Herculaneum. Certificate of Insurance must show coverage that includes Twin City Area Chamber of Commerce, the City of Crystal City, the City of Festus and the City of Herculaneum as additional insureds on a primary basis. Waiver of subrogation indemnity agreement and hold harmless is included.

By signing this agreement, I agree to release, indemnify and hold harmless Twin City Area Chamber of Commerce, the City of Crystal City, the City of Festus and the City of Herculaneum, as well as all of its' employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action or expenses, known or unknown, arising out of my involvement as an independent activity organizer or those who participate in the hosted activity detailed herein.

Name

Signature