

**THE ANNUAL HISPANIC HERITAGE  
FESTIVAL & HEALTH FAIR  
Saturday, October 15, 2016  
Frank Fasi Civic Center Grounds  
10:30 a.m. – 8:00 p.m.**

**HISPANIC HERITAGE FESTIVAL & HEALTH FAIR  
BOOTH APPLICATION FORM**

ORGANIZATION/BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

MAILING ADDRESS (STREET,CITY,STATE,ZIP): \_\_\_\_\_

**BUSINESS BOOTH - \$1,500.00**

- 10 X 10 stand-alone tent in prime high-traffic area
- One (1) table, Two (2) chairs provided

**AUTHORIZATION/RELEASE AGREEMENT**

I the undersigned understand the “**Annual Hispanic Heritage Festival & Health Fair**” guidelines as outlined and agree that I/my organization will abide by them.

The Vendor agrees to indemnify and save harmless the Hawaii Hispanic Heritage Festivals & Events as well as all other organizers of this event against and from any and all claims by or on behalf of any persons, firms or corporations, arising from the conduct or management of, or from any work or thing whatsoever done in or about, the booth area, or arising from any breach or default on the part of the Vendor in performance or any agreement contained herein, or arising from act of negligence of the Vendor, or any of its agents, contractors, employees or licensees, and in case any action or proceeding be brought against the Hawaii Hispanic Heritage Festivals & Events by reason of any claim, the Vendor agrees to resist or defend such action or proceeding by counsel reasonable satisfactory to the Hawaii Hispanic Heritage Festivals & Events.

PrintName: \_\_\_\_\_ Title: \_\_\_\_\_

AuthorizedSignature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_