



2024 BOOGIE BASH™ FOOD VENDOR CONTRACT



Between: **Rock Creek & Boundary Fall Fair Association** 3880 Kettle Valley Road South Rock Creek, B. C. V0H 1Y0

And: **Society for Injured Riders (SIR)™**
PO Box 41163 Winfield South PO Lake Country BC V4V 1Z7

www.S-I-R.ca
info@S-I-R.ca

And:

VENDOR: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

ON SITE CONTACT NAME _____

ON SITE PHONE NO. _____

Vendor Signature _____ **Date** _____

\$150 Deposit Fee Sent _____

Confirmation Number _____

Copy of Health Permit _____

Copy of Menu with Prices _____

Copy of Logo and/or Picture for Promotion of your Business _____

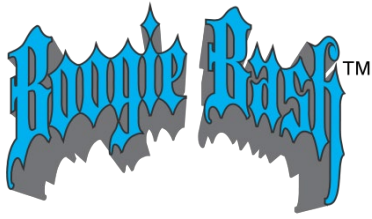
Hours of Operations - Approximately

Friday _____

Saturday _____

Sunday _____

Monday (not required to be open)



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INSURANCE REQUIREMENTS AND WAIVER CONTRACT

1. The Society for Injured Riders (SIR)™ will not be held liable for any injuries resulting from the use of any cannabis or any cannabis product. Furthermore, it is agreed there will be no sale or samples of any cannabis products or cannabis infused products, including but not limited to THC, CBD, Terpenes.
2. The Society for Injured Riders (SIR)™ is to be added as the additional insured as noted in blue below or you sign below waiving your rights.
 1. Additional insured: Society for Injured Riders (SIR)™ event Boogie Bash™
 2. Additional insured(s) have been added only with respect to liability arising out of the operations of the named insured and excludes any liability that arises solely from acts or omissions of the additional insured.

Please sign below to waive your right for coverage of insurance releasing any or all claims against The Society for Injured Riders (SIR)™ and the Rock Creek and Boundary Fall Fair Association.

Vandor Name _____

Name of signing officer (please print) _____

Signature _____

Date (dd/mm/yr) _____