



MCAGT BBQ COOK-OFF VENDOR APPLICATION FORM

Company Name: _____

Point of Contact Name: _____

Phone: _____

Address: _____

City, Zip: _____

EMAIL ADDRESS: _____

Expected number and name of people manning your booth: **Number** _____

Brief description of items being sold/displayed at your booth:

\$40 fee (nonrefundable) is due at time of registration to hold the vendor spot.

Forms can be mailed to: **MCAGT c/o Melanie Bradley**
 1300 Marlin Court
 Bay City, TX 77414

I, _____, vendor and any additional participants do hereby knowingly and voluntarily release the above referenced event, the Matagorda County Area Go Texan Committee, Board of Directors, members, volunteers, and employees of Matagorda County, and any other person, firm, or individuals charged and chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assigns from and against any and all claims, lawsuits, demands, damages, loss of services, theft, actions, and causes of action based upon, arising out of, or in any way related to your vendor participation in the Matagorda County Area Go Texan BBQ Cook-Off. Further, I do hereby agree to exonerate, hold harmless, and indemnify such event listed above from any and all claims against MCAGT. Such indemnification to include any and all fees (including reasonable attorney fees), costs, and other expenses reasonable incurred by or on behalf of the above referenced event and investigation of or defense against any such claims, lawsuits, demands, actions, or causes or actions. I have read and understand the terms and conditions of this release and indemnity agreement by counsel of my own choosing. I do fully understand the terms of this agreement and do intentionally and voluntarily agree to the same.

Vendor Name

Vendor Signature & Date

Questions.... Please contact Renee Laslie (979) 429-0157