



**Online Promotion Only
Registration Application
Capitol Hill Pride Festival - Bite of Pride 2017
June 24 -30, 2017
For Restaurants, Non-Profits and Artists and Businesses
Online Promotion Only Business Listing and Ads**



Business Name: _____ Contact Person(s): _____
 E-Mail: _____ Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ - _____ Website: _____
 Please list items/services that will be offered within your registration: _____

Rates:

- Capitol Hill Pride Festival—Bite of Pride Listing / Year long Website Ad\$50.00
- Pre Registered Capitol Hill Pride Festival—Bite of Pride Listing / Year long Website AdFree

Grand Total \$ ____.

REQUIRED: Seattle Business License (City of Seattle Customer Number) six digits: ____ _
 This is NOT the UBI number.

Organizers reserve the right to manage listing as necessary for benefit of event.

To register your business for the event listing and to send your ad: e-mail /application to: capitolhillfestival@gmail.com

Payment: Pay through Paypal link on application page or mail signed application and payment to:

Capitol Hill Pride Festival – Bite of Pride
 PO Box 12213, Seattle, WA 98102

Contact or Questions? Contact Philip Lipson at 206-465-9601 or Charlette LeFevre 206-523-6348

Registrant agrees to:

- 1.) _____ initials. Listing only to be used by the registered business name and cannot be sub-leased or shared. Sponsorship with LGBTQAI non-profits is encouraged.
- 2.) **ITEMS SOLD**—must be listed and described on, or attached to, vendor application. No imitation or fake items may be sold.
- 3.) **AREA TRASH**—Registrant agrees to Keep area in a clean and sanitary condition at all times. Vendor shall be responsible for removing any and all trash from their area and surrounding area, and disposing it in the designated recycling or trash container provided on site.
- 4.) **CLAIMS**—Indemnify and hold harmless **Capitol Hill Pride / The Northwest Museum of Legends and Lore**, its **Capitol Hill Pride Committee** its presenters, agents and employees from any and all claims, causes of action suits, damages, theft, injuries and losses to any person or goods arising out of or in any way connected with the renting of space in the event area. Exhibitor agrees that this is intended to be a full and final compromise and release of any claims, demands, causes, actions and causes of actions known or unknown.
- 5.) **REFUNDS**—**The Capitol Hill Pride / Northwest Museum of Legends and Lore**, to not be held accountable for refunds or any other liabilities whatsoever for the disruption of the event due to reason of enclosure in which the event is to be produced, being before or during the event, destroyed by fire or other calamity, or by any act of God (including but not limited to weather), public enemy strikes, statutes, or any other cause.
- 6.) **DRESS CODE**—Maintain the dignity and integrity of the **Capitol Hill Pride—Bite of Pride** and will not perform any acts of a harmful or undermining nature. To also keep material on the public street publicly appropriate and to dress within bathing suit suitability below the waist. **The Capitol Hill Pride / Northwest Museum of Legends and Lore** reserves the sole right to ask any exhibitor or its employees to leave the event area if they feel they are not acting in the best interest of the event's values and mission.
- 7.) **SALES/WEAPONRY**—Sales or Distribution of the following items at the event will be strictly prohibited: Alcohol without a permit, illegal Substances such as drugs and/or drug paraphernalia, guns or other mechanical weaponry. (Entertainers decorative swords, knives etc., permitted only with prior approval).
- 8.) This agreement constitutes the entire contract between **Capitol Hill Pride / Northwest Museum of Legends and Lore**, all Committees and the exhibitor. No changes shall be valid unless agreed upon by both parties in writing.

I understand and agree with all conditions of this contract. Please keep copy for your records. THANK YOU!

Signature of Authorized Business Representative: _____ Date: _____

Name Printed: _____

Application Received by: _____ Date Received _____ Registration Payment received: date: _____ amt. _____ cu# _____