



PERFORMER
Release of Liability & Agreement to Provide Insurance
Vacaville Kid Fest 2019
Andrews Park, Monte Vista Avenue, Vacaville CA 95688

On behalf of the below listed organization, business or group I hereby agree:

- to assume all risk associated with participation in the Vacaville Kid Fest 2019 event; and
- to release the City of Vacaville from any liability connected with participation in the Vacaville Kid Fest 2019 event; and
- to indemnify and hold the City of Vacaville harmless for any and all loss or expense including reasonable legal/defense costs arising out of participation in the Vacaville Kid Fest 2019; and
- to indemnify and hold the City of Vacaville harmless for any and all claims for injury or damages arising out of participation in the Vacaville Kid Fest 2019.

Furthermore, if my organization will be performing high risk activities such as martial arts sparring or throwing, boxing, jousting, tumbling, gymnastics or any kind of stunt I hereby agree:

- to provide proof of Commercial General Liability in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate; and
- to provide a Primary and Non-Contributory endorsement to the Commercial General Liability policy (sample attached); and
- to provide an Additional Insured Endorsement to the Commercial General Liability policy naming the City of Vacaville, its officials, officers, employees, agents and volunteers as additional insureds for the Vacaville Kid Fest 2019 event (sample attached).

I am aware that this is a release of liability and a contractual agreement to provide insurance coverage. I understand that the required insurance constitutes the minimum amounts of coverage required. Any insurance proceeds available in excess of the limits and coverage as required above and which is applicable to a given loss, will also be available to the City of Vacaville as the additional insured. I have carefully read this agreement and fully understand its contents. I voluntarily agree to each of the terms and provisions listed herein.

Signature	Printed Name	Date
On Behalf of Name of Organization / Business / Group		Telephone Number