



VENDOR AGREEMENT
ALL AMERICAN HORSE CLASSIC
Show dates: September 4-7, 2019, Indiana State Fairgrounds,
Indianapolis IN

Vendor Name _____

Address _____

Telephone _____

Email address _____

Contact person _____

Description of products or services to be offered at show: _____

Does Vendor maintain general liability/product liability insurance coverage?

Yes ____ No ____

Name of Insurance Carrier: _____

This agreement is entered into by and between the Vendor and the All American Classic Horse Show.

For and in consideration of the payment of a nonrefundable fee: (check one)

- 10 x 10 in West Pavilion ____ or Coliseum ____ (check one) \$180.00

- 10 x 20 in West Pavilion ____ or Coliseum ____ (check one) \$250.00

Vendor will be permitted to exhibit its wares, products, and/or services at the All American Horse Classic Horse Show during the show dates described above, pursuant to the Vendor Rules and Vendor Layout Plan established by the Show.

Vendor agrees, as a condition of its participation, to follow the Vendor Rules and acknowledges that a violation of those rules may be grounds for expulsion from the All American Horse Classic without resource or refund of the fee.

Booth fee check, made payable to the All American Horse Classic, should be received by August 25, 2019

Mail check to: *Dee Thomas 5408 Yellow Birch Way, Indianapolis, IN 46254*

Vendor agrees to hold harmless, defend and indemnify the Show and the Indiana State Fair Commission, and their agents, employees, and executives which may result from the performance of this agreement or the action or inaction of the Vendor. Further, parties agree that the courts of the State of Indiana are the proper forum for any and all actions which may arise under this agreement.

SHOW:
By: Dee Thomas _____

VENDOR:
By: _____

Title: _____ Date _____

Title: _____ Date _____