



**SASS®**  
 Single Action Shooting Society®  
 215 Cowboy Way  
 Edgewood, NM 87015  
 Phone: (505) 286-4566; Fax: (505) 286-4563



**END of TRAIL 2009  
 Vendor Indemnification and Liability Release**

Exhibitor Name: \_\_\_\_\_ SASS #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE READ THE FOLLOWING DISCLAIMER, AND SIGN BELOW:

I agree to indemnify, defend, and hold harmless SASS and all of its officers, agents, and employees from any and all liability, claims, damages, or injuries to any person, including injury to Vendor's employees, and all claims that arise from or are connected with the performance or failure to perform the work or other obligations of this agreement, or as caused or claimed to be caused by the acts or omissions of Vendor, its agents or employees.

I understand SASS cannot be responsible for any acts of God (e.g., rain, wind, or fire), or damage or theft.

Exhibitor agrees to enter premises at his own risk. The owner and operators of this event and facility hereby disclaim any responsibility, express or implied, to protect Exhibitor or his property from personal injury or other damage or loss. Exhibitor's signature below constitutes acknowledgment and acceptance of these conditions and the fact this event includes shooting and equestrian sports that are inherently dangerous. Exhibitor agrees to wear eye protection when in sight of the shooting activity. Hearing protection is strongly recommended.

The Exhibitor grants permission to SASS and other participating media to utilize Exhibitor's image or likeness incidental to any live or recorded video display or other transmission for reproduction in whole or in part of this event and any advertisements and or promotional materials provided by SASS, it's sponsors or participants.

I understand this agreement is between me and SASS.

I understand my deposit is NON-REFUNDABLE after May 1, 2009.

\_\_\_\_\_  
 SIGNATURE:

\_\_\_\_\_  
 DATE:

**NOTICE TO BROKER**

From Policy Holder:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy Number: \_\_\_\_\_:

**RE: Certificate of Insurance**

Please provide the following company with a Certificate of Insurance. Certificate Holder listed as follows:

**The Single Action Shooting Society  
 215 Cowboy Way  
 Edgewood, New Mexico 87015  
 505-285-4566 • Fax 505-286-4563**

Description of Operations/Locations/Special items - "should read"

Certificate Holder is named as ADDITIONAL INSURED as respects to the END of TRAIL Wild West Jubilee at Founders Ranch, Edgewood, New Mexico.

Should you have any questions regarding this request, please feel free to call me at the above listed policy holder phone number. Thank you in advance for taking care of this in a timely manner.

Sincerely,

\_\_\_\_\_  
 Policy Holder