



## 22nd Annual Kiwanis KidsFest - Entertainment Application

## Information:

Event Date: Saturday, October 26, 2019

Event Time: 9:00am to 3:00pm

Event Location: SunSplash Festival Grounds - 400 Santa Barbara Blvd, Cape Coral, FL

- At least one adult representative must be with your entertainers in the staging area for direction and safety issues.
- You must arrive at the staging area at least 15 minutes before your scheduled performance.

Business/Organization Name	<b>:</b>		
Address:	City:	State:	Zip code:
Contact Person:	Title:		
Phone Number: ( )	On-Site Cell (emergency) ( )		
Email address:			
Material to be presented:			
Number of Entertainers			
Time slots for performance	up to 20 minutes total between the times o	f: 9:00 AM to 2:	30 PM
Sound/Music Requirements:			
List any other special requir	ements:		
Coral Kiwanis Kids Fest event in re	ization listed above, I fully understand the rules gards to the participation in this event. Kids Fes c)3 non-profit organization FEIN #59-6468900 FL	st is a Cape Coral	
X	<del></del>		<del></del>
Organization's Representative S	oignature	Da	te
You will be notified when applicat	ion is received and accepted by phone or email.	. If you have any	questions please feel

You will be notified when application is received and accepted by phone or email. If you have any questions please feel free to call or email **Donna Williamson KidsFest Committee 239-634-3542 or KidsFestcc@gmail.com**. This form does not guarantee participation in event. **Forms must be submitted by September 15, 2019.** 

## **Hold Harmless**

In Participation for: <u>Cape Coral Kiwanis Kids Fest</u> I hereby, for myself, my heirs, executors and assignees, do waive, release, and holds the City of Cape Coral and Cape Coral Kiwanis Foundation, Inc. harmless from all claims or causes of action for damages or personal injury suffered by me(us) while participating in the Cape Coral Kids Fest event. Whether known or unknown, and I understand that I am assuming the risk for any damage or injury to my property or person which I may sustain while participating in this event. If I should suffer any injury or illness, I authorize the Cape Coral KidsFest representative to use discretion to have me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video pictures, or other material related to the event for publicity, promotion, or news purposes.

Entertainer's/Organization's	Representative Signature X	