Please send application to:

SummerNight Headquarters 425 Perry Street

> Auburn, AL 36830 Via Email:

Istone@auburnalabama.org

SummerNight Art Walk

Friday, June 12, 2020 from 6 - 10

ATTRACTION APPLICATION

Name: _____ Organization: _____

Email Address: _____ Phone: ____

Applications due Friday, May 29, 2020



ALL CONFIRMATIONS WILL BE SENT VIA EMAIL.		
Please briefly describe proposed attraction for SummerNight:		
Applications MUST be received by Friday, I	May 29, 2	020
All applications are subject to approval, you will receive a confir	mation ema	ail once your
application has been approved by the SummerNight Cor	nmittee.	
understand that my application is due by Friday, May 29th	Yes	No
understand that the SummerNight Committee is not responsible or providing me with a table, tent, chair or power source.	Yes	No
understand that the SummerNight Committee eserves the right to deny my application	Yes	No
understand that the streets close at 5:15 pm and my vehicle is not allowed to stay in a downtown parking spot.	Yes	No

For more information, please contact the SummerNight Headquarters at (334) 501-2963 or visit auburnsummernight.org.

Application	Number	

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/we, the undersigned, for and in consideration of permission and/or space to participate in the SummerNight Art Walk on Friday, June 12, 2020 (rain or shine) agree to indemnify, hold harmless, and defend the City of Auburn, Alabama, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expense, including attorneys fees and litigation expenses, in whole or in part arising out of, connected with, or in any way associated with my/our activities preparing for the SummerNight Art Walk, participating in the SummerNight Art Walk or traveling to or from the SummerNight Art Walk.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE HOLD HARMLESS AND

INDEMINIFICATION AGREEM	ILIVI.	
Signature	Date	_
Signature of Parent or Legal Guardian	Date	_
MUST BE SIGNED BY PARENT OR L	.EGAL GUARI	DIAN IF ARTIST IS UNDER 19 YEARS OF AGE.
		. <u></u> <u></u> <u></u> <u></u>
		e Use Only
Application Received by		
Date Application Received		
Payment Method		