

March 26-30, 2025
Ronald Reagan Equestrian Center at Tropical Park
7900 SW 40th Street
Miami, Florida33155

VENDOR APPLICATION & CONTRACT

Company Name: (print as it will ap	ppear on your vendor sign)
	Tel. No.:
Mailing Address:	
Brief description of your produ	cts and/or services:
	or the (5) day of Event will be as follows:
<u>10x10 (</u>) or 10x20 () and (1) 110 Electrical Outlet
We	, hereby contract to lease and occupy the vending space
described above for the duration	n of the above listed event. Payment for this space is included with d that only one (1) vendor may occupy the booth space. We agree to

- 1. Vendor shall have access to the location agreed upon by the parties the day before event commencement for the purpose of setting up Vendor's station, goods and other things necessary and reasonable to vending at the location.
- 2. Vendors must be completely setup one day prior to Event Commencement.
- 3. Vendor is required to supply their own tables, chairs, power cords and trash containers.
- 4. Vendor shall not vend any goods or services other than those described herein at & during the Event without written consent.
- 5. Vendors are responsible for the safety & cleanliness of their contracted spaces & shall conduct themselves in an orderly fashion.
- 6. Vendor's staff will be properly dressed & their appearance will be clean and neat and they shall conduct themselves in an orderly fashion. All health regulations will be enforced.
- 7. Vendor and all employees must park their cars in those areas designated for Vendor's parking.
- 8. Vendor shall leave the location clean of trash & substantially in the condition it was before vendor occupied it.
- 9. The Florida PFHA is in no way responsible or liable for personal adversity or any acts of God.
- 10. Vendor assumes all risk & hazard incident to his own vending area or to the Vendor's and representatives, or to other persons in his vending area.
- 11. Vendor fees are non-refundable and are due immediately, prior to the Event commencement.

1	2. By attending this event, you and your employees/volunteers/staff understand and expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. In attending the event, you and any guests voluntarily assume all risks related to exposure to COVID-19, and waive, release, and discharge Florida PFHA, the host venue, or any of its affiliates, directors, officers, employees, agents, contractors or volunteers from any and all liability under any theory, whether in negligence or otherwise, for any illness or injury.
	/We, the Vendor, hereby agree to indemnify and hold harmless
p	Clorida Paso Fino Horse Association for any injuries, loss, theft or damage to individuals or property, resulting from my/our selling of products, or as a result of my/our participation in this
V	Event. Florida PFHA does not guarantee any particular number of attendees, sales or results.
	Certificate of Insurance.
	Vendor must provide Florida PFHA a copy of COI.
5	Signed and authorized by: Title: Date
	PAYMENT OPTIONS AND CREDIT CARD AUTHORIZATION
	ALTERNATIVAS DE PAGO U AUTORIZACION PARA USO DE TARJETA DE CREDITO
	() Check (US Banks only) /Cheque (Solamente aceptamos cheques de banco en los Estados Unidos)
	() Visa() Master Card() American Express
	Card Number / Numero de Tarjeta Exp CVC
	Cardholder's Name / Nombre
	Address / Direccion
	City & State / Ciudad y Pais Zip Code / Codigo Postal
	Signature / Firma Date/ Fecha
	4% PROCESSING FEE ADDED TO ALL CREDIT CARD TRANSACTIONS
	Please note that credit cards will be charged and checks will be deposited upon receipt

of this form. Please fax this form to: (305) 675-2823 or e-mail to fshows@foridapfha.org