



**First Weekend in November
FREE ENTERTAINMENT**

PARTICIPATION FORM
First Saturday in November
12:00 a.m. - 5:00 p.m.

ENTERTAINER/GROUP _____

CONTACT PERSON _____

ADDRESS _____

CELL PHONE _____

NUMBER IN GROUP _____

TYPE OF ENTERTAINMENT _____

(For Office Use Only)

TIME ASSIGNED _____

Text Crystal Cleghorn for more information or questions at: (229) 322-7747

RELEASE: The undersigned hereby releases, acquits and forever discharges the Dooly County Chamber of Commerce, City of Vienna, and their employees from any and all claims, demands, liabilities, losses, judgements, actions, injuries or damages that arise or occur or that may arise or occur at any time in the future relating to the use of the festival premises, by or for himself or the above listed group or performers.

(print name)

_____ Date _____
(signature: guardian if minor)

**Please return this form to:
Skuid200915@gmail.com**