

### Covina Police Department 2025 National Night Out Booth Application



BUSINESS/ORGANIZATION:	CONTACT PERSON:	
MAILING ADDRESS:	CITY:	ZIP:
PHONE:	ALT./ CELL PHONE:	
EMAIL:		
• All applications are subject to review before app	proval.	
• All food vendors, merchandise vendors, and info	ormation/nonprofit booths must donate a raffle basket, valued at leas	st at \$15.
	r own equipment including: tables, chairs canopies, extension cords, weights/sandbags due to potential winds. We will not provide any	
<ul> <li>Booths spaces will be assigned upon check-in or</li> </ul>	the event date.	
• Booth spaces are 10' x 10'. If you need more	than one space please indicate so on the application.	
• All participants can decorate their booth. The e	event theme of National Night Out is red, white, & blue theme.	
	at 4:30pm. Takedown will begin at 8:00pm. Participants may enter the ILY for loading and unloading. Booth participants are required to rema f all vehicles by 9:30pm.	5
• Late participants must carry in their items by ha	and, for set-up. A dolly is recommended to transport items to and from	n your vehicle.

- The City of Covina has the right to approve and disapprove all vendor requests at its sole discretion.
- The City of Covina is not responsible for theft or damage to property belonging to persons participating in the event.
- All participants shall keep their booth space in a clean, safe and sanitary manner during the event and must leave the space and surrounding area clean at the conclusion of the event.
- Alcoholic beverages, adult material or drug paraphernalia of any kind may not be sold or consumed at the event.
- All participants shall comply with the above listed Rules and Guidelines. Non-compliance, including offensive conduct or language, may result in immediate revocation of City event privileges. The City of Covina reserves the right to refuse participation to any participant. The City shall not discriminate on the basis of race, religion, creed, color, sexual orientation and national origin.

## Submit your completed 2025 National Night Out Application and booth fee no later than <u>Monday</u>, <u>September 8th by 5:00pm. Please deliver to:</u>

Attn: Stephanie Stabio 444 N. Citrus Ave. Covina, CA 91723 OR EMAIL sstabio@covinaca.gov

# PLEASE REVIEW THE FOLLOWING CHECKLIST AND MAKE SURE YOU INITIAL EACH LINE TO INDICATE YOU UNDERSTAND ALL EVENT PARTICIPANT REQUIREMENTS.

- Submit a signed & completed 2025 NNO Application no later than <u>Monday, September 8th by 5:00pm</u>. Upon submitting my application, my application will be reviewed. I can expect to be contacted by the
- next business day to confirm or deny approval of my request to participate at this event.
- If necessary, I will provide my own tables, chairs, canopies, generator, 100ft. extension cords, and any other equipment as needed. *Canopy weights/sandbags are recommended due to potentially high winds. This equipment will not be provided for you.*
- \_\_\_\_\_ I will donate a raffle basket, valued at a minimum \$15.
- \_\_\_\_ By my signature on the National Night Out 2025 Booth Application, I acknowledge that I have read, understand, and agree to the National Night Out 2025 Rules and Regulations.

### List all specific items to be distributed at this event:

Please indicate the booth space size you require. Requested space size is not guaranteed.

🗌 10 x 10

🗆 10 x 20

Do you have electrical needs? We will do our best to accommodate, but electrical is not guaranteed. Must

 $\underline{\text{bring own extension cords.}} \qquad \Box \text{ YES} \qquad \Box \text{ NO}$ 

#### WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT FOR 2024 CITY OF COVINA NATIONAL NIGHT OUT EVENT

In and for consideration of being permitted to participate as a vendor in the City of Covina National Night Out Event and all associated activities included in the National Night Out Event provided to the undersigned with the sole intent and understanding to participate as a vendor in the City of Covina National Night Out Event, the undersigned, his/her heirs, agents, employees, family members, friends, associates, assigns, representatives, next of kin, or any others forever releases and holds the City of Covina, its elected officials, employees, agents, directors, officers, council members (Releases) harmless from all liability to the undersigned and the undersigned's personal representatives, assigns, heirs, next of kin, and agents for any loss or damage including, but not limited to serious bodily injury or death, or damage to any property and waives any claims and demands therefore, on account of injury or damage to the undersigned's person or property, including injury leading to death of the undersigned, whether caused by the active or passive negligence of the City of Covina, its employees, its elected officials, employees agents, directors, officers, council members, and assigns while the undersigned is participating as a vendor in the City of Covina National Night Out Event, including any and all activities associated with the National Night Out Event.

The undersigned agrees to indemnify, save and hold harmless the Releases and each of them from any loss, liability, damage or cost and the undersigned assumes full responsibility for any risk of bodily injury, death or property damages.

I have read this release and waiver of liability, assumption of the risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Must be completed by each person that will be in the booth for set-up, during event, and teardown:

Print Name	Signature		Date
Print Name	Signature		Date
Print Name	Signature		Date
MAIL OR DROP OFF APPLICATION TO:			
Covina Police Department		OFFICE	
444 N. Citrus Ave. Covina, CA 91723		OFFICE USE Date Received: Staff Initials:	
Stephanie Stabio (626) 384-5623			
OR EMAIL: <u>sstabio@covinaca.gov</u>			