

Swap Meet Form

11th Annual Car Show

Feb. 11, 2023



Automotive/Restoration Club of Sun City West
A Charter Club of the Recreation Center of Sun City West, AZ
A 501 (c) (3) Charity

Entry #: _____
Row #: _____
Space #: _____
Swap Meet
Paid by ☐ Check or ☐ Cash
Amount \$ _____

Company Name: _____ Company Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

You may set up early on Friday, February 10, 2023 from 2:00-5:00 PM

Swap Meet
\$25
Investment

- 2 Spaces that are 10'x20' each
- Swap Meet Area is Adjacent to Vendors
- Additional Spaces may be purchased for \$25/each
- Registration must be received by 2-4-23
- You may set up early on Friday, February 10, 2023, from 2:00-5:00 PM

Swap Meet		\$25.00/ea	**Must pre-register by 2-4-23	\$
Additional Space(s)		\$25.00/ea		\$
Total Due				\$

Waiver of Liability, Assumption of Risk & Indemnity Agreement: My signature below indicates that I understand there are certain risks involved as a result of my voluntary participation in this event and I knowingly assume all such risks and agree to indemnify and hold ARC of SCW and the Recreation Centers of SCW, Inc. harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in this event. In consideration of being permitted to participate in this event, I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue ARC of SCW and the Recreation Centers of SCW, Inc., its officers, employees and agents, from liability from any and all claims including negligence resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in this event. I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. In addition, by my signature below I relinquish any and all rights to photos and/or videos taken at this event.

Signature

Date

NO ALCOHOL, WEAPONS, or PETS ALLOWED ON PREMISES

Payment Enclosed: ☐ Check # _____ is made payment to ARC and send payment and form to: PO Box 5034, Sun City West, AZ 85376-5034
OR ☐ Bill Me Later (Full Amount will be Due by 12-15-22)

If you have questions, please contact Gary Masak at 219-776-3507 or via email at arcofscw@gmail.com.

Thank you!

Revised 2-16-22