

# Vintage Dufur Days

## PROOF OF INSURANCE

**Insurance Carrier:** \_\_\_\_\_

**Agent:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

\* If you do not have business insurance, please submit your house insurance, or sign the below waiver.

### WAIVER-

By signing this waiver, exhibitor shall indemnify, defend and hold Vintage Dufur Days, their officers, directors, agents and employees harmless from any and all claims, loss, damage, injury, costs, liabilities and fees (including attorney fees and expert witness fees) arising out of or related to Exhibitor's exercise of all rights and privileges under this contract, including without limit, claims or liabilities for any person injury or property damage of any kind or nature. This obligation of indemnity extends to the Dufur Historical Society and its officers, directors, agents and employees.

Exhibitor Name: \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Return completed form to: **Dufur Historical Society, P.O. Box 462, Dufur, OR. 97021**