



DOWNTOWN SANTA MONICA SAMPLING APPLICATION

Please complete this form and return it to Downtown Santa Monica Inc.
by fax to 310.458.3921 or e-mail to Events@DowntownSM.com

PRODUCT NAME _____

EVENT PRODUCER _____

Main Contact _____ Additional Contact(s) _____

Address _____

Office Phone _____ Office Fax _____

E-mail _____ Cell Phone _____

SAMPLING DATE & TIME

Day of the Week _____ Date _____ Time _____ to _____

Will you be giving away promotional items? Yes No
If so what? _____

Will the item be wrapped? Yes No

Will you be cooking or giving away food items? Yes No
Please describe: _____

* Note: Additional permits maybe required

Trash pick-up plan: _____

Will the event be photographed, filmed or recorded? Yes No
If yes, what equipment will be used? _____

List any partners associated with this event: _____

Provide details of the media you are using to promote or advertise your sampling:

- | | | | |
|--|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> E-mail campaign | <input type="checkbox"/> Web posting | <input type="checkbox"/> Other Internet campaign | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Television | <input type="checkbox"/> Print | <input type="checkbox"/> Publicity | <input type="checkbox"/> Other |

How many people are you expecting to draw to this sampling? _____

Please provide any advertising or press materials to marketing@downtownsm.com as they become available.

Please complete the attached Indemnification/Hold Harmless Agreement and supply Downtown Santa Monica with a Certificate of Insurance in the amount of \$1,000,000 stating the City of Santa Monica, Downtown Santa Monica, Inc. and its affiliates as additional insured.

ACCEPTANCE

I have read and understood all this is contained within this document. I have answered all the questions knowledgeably and truthfully. I understand that my organization may need to furnish additional documents and/ or information per Downtown Santa Monica's request in order to complete the Sampling Application process.

Signature

Date

Print Name

Title

Company Name

INDEMNIFICATION & HOLD HARMLESS AGREEMENT



NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

hereinafter known as "Indemnitor," in consideration of:

DESCRIPTION OF WORK: _____

DATE: _____

HOURS: _____

LOCATION: _____

agrees to the following terms and conditions

Indemnitor shall defend, indemnify, and hold harmless Downtown Santa Monica, Inc., board, officers, director, staff, property owners, merchants and vendors, the City of Santa Monica, members of its Council, boards, commissions, officers, agents, employees and volunteers from and against any and all loss, damages, liability, claims, suits, costs and expenses whatsoever, including reasonable attorney's fees, regardless of the merit or outcome of any such claim or suit, resulting from the alleged acts or omissions of permittee, its officers, agents, or employees in connection with the permitted event or activity. Nothing contained herein shall be construed as obligating Indemnitor to indemnify Downtown Santa Monica, Inc. or City of Santa Monica, their Council, boards, commissions, officers, agents, volunteers, and employees for losses resulting from its sole or active negligence or willful misconduct.

IN WITNESS WHEREOF, this Agreement is executed on the _____ day of _____, 2016.

INDEMNITOR:

By _____