



# FATHERS MATTER

## NON-PROFIT VENDOR APPLICATION

June 9, 2018 • 9 a.m.-Noon • ASU Stadium

*Non-profit or service organizations are welcome to participate in the Fathers Matter Summit free of charge.*

Name/Title: \_\_\_\_\_

Organization's name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What services/programs do you provide: \_\_\_\_\_

What is your service area: \_\_\_\_\_ How many clients do your serve? \_\_\_\_\_

Would you be interested in receiving information about GOL's Community Action Network? YES/NO

*\*GOL's CAN is made up of a group of 20 non-profits, churches, public and private entities who meet quarterly to collaborate on programs or events that address a specific problem or need in Montgomery, i.e. homelessness, health care, hunger, child care, public transportation, family stability, unemployment.*

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### Liability Waiver

By signing the non-profit vendor application, I understand that I assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in this event. I also hereby release, waive and discharge **GIFT OF LIFE FOUNDATION**, its board members, employees, agents and/or volunteers from any and all claims which I, or anyone representing me or my interests, may have against any of the above for, on account of, by reason of, or arising in connection with such volunteer activities or my participation therein, and hereby waive all such claims, demands and causes of action. Further, I expressly agree that this liability release and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Alabama, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I currently have no known mental or physical condition that would impair my ability to understand the contents of this liability release and indemnity agreement. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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**INTERNAL ONLY: DATE APPLICATION RECEIVED:**

