



# **3<sup>rd</sup> Annual San Dimas High School PTSA Car Show**

**Saturday, May 14, 2016**

**9:00 A.M. - 2:00 P.M.**

**800 W. Covina Blvd, San Dimas, CA 91773  
(Exit 57 Freeway at Covina Blvd and drive West 1 block)**

## **VEHICLE REGISTRATION**

**Early bird registration** through May 11 - \$20

Includes *FREE T-SHIRT!*

\$25 registration after May 11

*Everyone receives a goody bag*

## **VENDORS**

**Early bird registration** through May 11 - \$30,

\$35 after May 11

Must supply own EZ UP, tables and chairs.

**CHECK IN TIME:** 8:00-9:00 A.M.

**JUDGING BEGINS AT** 11:00 A.M.

**TROPHY PRESENTATION:** 1:30P.M.

*Best in Show* (will be in San Dimas Homecoming Parade in October)

*Best: Antique, Classic Original,*

*Cruising Car, Detailing, Engine,*

*Honorable Mention, Interior,*

*Modern, Project Car, Motorcycle,*

*Muscle Car, Paint, Sports & Truck*

*King of Cool Car, & Car Club Kings*

**PROCEEDS BENEFIT:** TEACHER & DEPARTMENT GRANTS, SCHOOL BEAUTIFICATION PROJECTS, & SCHOLARSHIPS

## ***FREE GENERAL ADMISSION!***

**50/50 RAFFLE\* ENTERTAINMENT\* DJ\* FOOD\* VENDORS\* RAFFLE\* E-WASTE EVENT**

**OPEN TO ALL MAKES AND MODELS OF VEHICLES**

### **REGISTRATION FORM**

( ) Car ( ) Truck ( ) Motorcycle ( ) Vendor Booth ( ) Sponsorship Donation: Amount \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ or PayPal at sandimashigh.com (go to "Parents" link, then "PTSA Store" link)

Name: \_\_\_\_\_ Participant t-shirt size \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Category \_\_\_\_\_

**PROOF OF AUTOMOBILE INSURANCE REQUIRED FOR CAR SHOW PARTICIPANTS AT REGISTRATION**

Vendor booth type (if applicable) \_\_\_\_\_ Items for sale \_\_\_\_\_

**MUST COMPLETE REVERSE SIDE OF THIS FORM**

Flyer downloaded from [www.SoCalCarCulture.com](http://www.SoCalCarCulture.com)

**Make checks payable to:** San Dimas High School PTSA

**Mail to:**

SDHS PTSA CAR SHOW  
800 W. Covina Blvd. San Dimas, CA 91773

**Show Coordinator:** Devon Goldsworthy

**Email:** [SanDimasHSCarShow@gmail.com](mailto:SanDimasHSCarShow@gmail.com)

**Cell Phone:** 909-214-4347

**CAR SHOW PARTICIPANT RELEASE OF LIABILITY**

In consideration of the rights to participate in the San Dimas High School PTSA car show, the undersigned participant agrees to indemnify and hold harmless SDHS PTSA and the Bonita Unified School District, its Board of Education, Employees, Agents and Volunteers from and against any and all known and unknown damages, injuries, and/or losses that the participant's and/or the participant's guests (including family and relatives) may sustain or incur as a result of their attendance or participation at this event.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

**FOR PTA FUNDRAISING VENDOR/CONCESSIONAIRES/SERVICE PROVIDERS**

**Insurance Requirements:**

- a) Worker’s Compensation Insurance: Required if you have employees engaged in the performance of work under the agreement.
- b) Comprehensive General Liability: Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and includes Bodily Injury, Property Damage, Personal Injury and Products Liability if applicable.
- c) Automobile Liability Insurance: Required only if you are providing transportation or Food Truck (e.g., limousine or bus service) at a PTA event. \$5,000,000 limit required. \$1,500,000 for Limo’s with 15 or less passengers. Limousines must be school bus certified if over 10 students per AB830.

If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy MUST be submitted with your contract.

**Endorsement containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:**

The California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTA’s and all their officers, directors, members and volunteers. The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and

\_\_\_\_\_  
(Name of vendor/concessionaire/service provider)

I/We \_\_\_\_\_  
(vendor/concessionaire/service provider) agree(s) to defend and to indemnify and hold harmless, the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all of their officers, directors, members and volunteers and the Bonita Unified School District, its Board of Education, Employees, Agents and Volunteers with respect to my/our liability for “bodily injury”, “property damage” or “personal and advertising injury” to the extent caused by my/our acts or omissions or for the acts or omissions of those acting on my/our behalf:

- A. In the performance of my/our ongoing operations; or
- B. In the sale or distribution of my/our products; or
- C. In connection with my/our premises rented to you.

Unless caused by the negligence of the California State PTSA, unit, council, or district PTA’s

**NOTE:** The terms and conditions of this agreement shall apply with respect to Vendor’s/Concessionaire’s/Service Provider’s operations for any unit, council, district or State PTA in California.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Vendor/Concessionaire/Service Provider)

PRINT NAME: \_\_\_\_\_

NAME OF ENTITY: \_\_\_\_\_ TITLE: \_\_\_\_\_

**Vendor: If you wish to be included as an approved vendor on the PTA Insurance website then contact our broker at (818) 662-4200 or email at CAPTA@BBandT.com.**