



**Vendor Application and Liability Waiver**

COMPANY NAME \_\_\_\_\_ REPRESENTATIVE \_\_\_\_\_

PRODUCTS TO BE MARKETED \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

I DO HEREBY AGREE TO COMPLY WITH THE RULES OF THE HOUSTON SELECT FOOTBALL LEAGUE AND ITS AFFILIATES.

**VENDOR AUTHORIZATION**

I, HEREBY GIVE APPROVAL FOR OUR COMPANY AND ITS' REPRESENTATIVES TO PARTICIPATE IN ACTIVITIES WITH THE HSFL. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE LEAGUE, ORGANIZATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING ALL REPRESENTATIVES TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO THE PARTICIPANT.

PHOTO/VIDEO/INTERVIEW RELEASE – I ALSO LAWFULLY GRANT THE HSFL PERMISSION TO DISPLAY PHOTOS & VIDEOS OF MY BOOTH OR REPRESENTATIVES FOR POSTIVE AND FAVORABLE PURPOSES. I UNDERSTAND THAT PHOTOS MAY BE USED ON THE WEB SITE OF THE HSFL. PHOTOS/VIDEOS MAY ALSO BE USED WITH LOCAL MEDIA ADVERTISING, NEWSPAPER, MAGAZINE, AND SPORTS STATIONS.

I GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER ORGANIZATION REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC SHOULD THE PARTICIPANT BECOME ILL OR INJURED WHILE PARTICIPATING IN ACTIVITIES AT TIMES WHEN THE PARTICIPANT IS UNABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

Please return this form via email to [staff@hsfl.org](mailto:staff@hsfl.org) or fax to 713-403-8251.

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(SIGNATURE) (TITLE) (DATE)

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