8th Annual DSM 9PEN STREET SW 9TH Festival

DSMOPEN STREET
CONTRACT

Event Date: September 20th, 2026
Deadline for Vendor Space and Advertising July 1, 2025

SET UP TIME IS 10:30AM UNTIL 11:45AM
ENTER ON ROSE AVE. OR CAULDER AVE. FROM THE EAST OF SW 9TH STREET.
CHECK IN AT THE INFORMATION BOTH FOR YOUR LOCATION *SEE MAP ON PAGE 3*

POLK COUNTY Board of Supervisors

FRIENDS OF SW 9th

CITY OF DES MOINES COMMUNITY DEVELOPMENT

Now a 501 C(3)

Sponsor details on the Sponsor page.

Presenting	**$2,000**
Superhero	**$1,000**
Hero	**$750**
Friend	**$500**
Supporter	**$250**
Vendor as supporter	☐
Vendor ONLY	**$30*** ☐

*ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
(On back side must be signed by all vendors)

Please bring your own power source.
No power will be provided

Vendor Opportunities*

Requirements:

1) Space needs to be reserved before July 1, 2026
2) Vendor is responsible for all tables, chairs and set up.
3) No equipment or advertising sign shall be fastened to, or posted on any hydrant, light pole, street fixture, tree, bench or other permanent structure.
4) Each vendor must clean his/her area and remove all goods/ equipment at the event's close.
5) Vendors of taxable goods or services must meet State Board permit requirements.
6) No alcoholic beverages to be sold by DSMOPEN vendors.
7) Liability form must be signed before participating.
8) Liability: DSMOPEN STREET and Friends of SW 9th cannot be held responsible for any lost materials, merchandise, gifts, articles or items, regardless of value.
9) No rain date.
10) Vendor must be approved by Friends of SW 9th Open Street Committee.
11) $30.00 application fee must be paid in advanced.
12) **Please bring your own power source. No power will be provided**

Detail of what you will be offering/displaying/performing, etc

_____

Business Name_____

Street Address_____ City _____State_____Zip_____

Phone_____ Cell_____ E-mail_____

Sales Person:_____ Contact Name: _____

MAKE CHECKS PAYABLE TO: **FRIENDS OF SW 9TH**

SEND VENDOR FORM AND CHECK TO:
Bill Hansen
3305 SW 9th Street
DES MOINES, IOWA 50315

EMAIL: hansen@networkiowa.com
Phone: 515-577-6637

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(On back side must be signed by all vendors)

Advertiser Logos should be e-mailed to
hansen@networkiowa.com
LOGO - ARTWORK - High Resolution JPG

Signature_____

Date_____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: FRIENDS OF SW 9TH located in Des Moines, Iowa and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that FRIENDS OF SW 9TH located in Des Moines, Iowa and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ _____ _____ _____

Participant's Signature Date Participant's Name Age
(Please print legibly.)

_____ _____

Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign.)

DSMOPEN STREET MAP

All Vendors and Entertainment and Volunteers

SET UP TIME IS 10:30AM UNTIL 11:45AM

Must enter from Rose Ave, or Caulder Ave. from the east side of SW 9th Street to check in at the **information booth** for your location to set up the day of the event.
After set up you will need to find a spot to park along side streets of the event.