

CELLULAR ONE GRILL APPLICATION

Organization name: _____

Event name: _____

Event Location: _____

Pick up date: _____ Pick up time: _____

Drop off date: _____ Drop off time: _____

Contact person: _____ Contact number: _____

Contact person's Email address _____

In order to qualify for the Cellular One Customer service fee the contact person's name and number must match our system along AND their account must be in good current standing.

Pick up location is 1320 E. Commerce Dr. Show Low, AZ 85901. Please contact Sue Drenth day of grill pick up at (928) 205-9619. Our Operating hours are Monday through Friday, 7am – 4pm.

PERMIT AND INDEMNITY AGREEMENT

Cellular One hereby permits _____ (“Permittee”/Organization) to use the following items pursuant the terms and conditions contained herein: **BBQ Grill** _____

BBQ TRAILER:

It is understood that the BBQ grill trailer is designed to travel at a safe speed of no more than **55 MPH**. All latches, propane connectors and safety chains should be engaged before transporting.

To the extent allowed by law, Permittee hereby assumes all risk of damage to and loss of theft of property, as well as injury or death to persons, related in any way to Permittee's use of the rented items from any cause whatsoever, including when caused in whole or part by Permittee, and Permittee hereby waives all claims in respect thereof against Cellular One. To the extent allowed by law, Permittee shall indemnify, defend, and save harmless Cellular One and all of its employees, agent, and representatives from any and all claims, notices of claim(s), demands, suits, actions, proceedings, loss, cost, and damages of every kind and description, including any attorney's fees and/or litigation expenses, which may be brought or made against or incurred by Cellular One, on account of loss of/or damages to any property and/or for injuries to or the death of any person(s) arising in whole or in part out of any act or omission by Permittee or its employees, agents, representatives, invitees, or subcontractors, or rising or arising in whole or in part out of workers' compensation claims or unemployment disability compensation claims or employees of Permittee or out of claims under similar such laws.

Signature of Permittee

Date

Please remit this completed application and your service fee to:

Sponsorship@cellularoneaz.com • Fax: 928-532-2590
1500 White Mountain Rd, Show Low, AZ 85901

Office Use only:	Date Payment received:		PO#:		Scheduled By:	
------------------	------------------------	--	------	--	---------------	--