

Office Use Only

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Check _____
Bio _____
Sponsor _____
Photo _____

Approval Y N

Fantasy Fest King & Queen Candidate Application Form

All applications subject to approval by the
Fundraising Committee

Candidate: Humans only, Check one _____ **King** _____ **Queen**

Name of Candidate: _____

Address: _____

Telephone: Work _____ **Home** _____ **Fax:** _____

Cell Phone _____ **Email** _____

Name of Campaign Manager: _____

Address: _____

Telephone: Work _____ **Home** _____ **Fax** _____

Cell Phone _____ **Email** _____

Name of Treasurer: _____

Address: _____

Telephone: Work _____ **Home** _____ **Fax** _____

Cell Phone _____ **Email** _____

Name of Principal Sponsors:(not more than four) _____

Contact(s) _____

Telephone: Work _____ **Home** _____ **Fax** _____

Cell Phone _____ **Email** _____

A. I agree to participate in the following Campaign events:

- 1. Campaign Workshop**
- 2. Campaign Kick-Off Party**
- 3. Coronation Rehearsal Meeting (if held)**
- 4. Royal Election & Coronation Ball**

B. Upon being crowned, I promise to be a Goodwill Ambassador for AIDS Help and the City of Key West for the duration of my reign and to attend selected events during Fantasy Fest Week.

C. I agree that I will not use the name "Fantasy Fest" on any merchandise that is sold to raise money for my campaign. I acknowledge that I may use the term "Fantasy Fest King" or "Fantasy Fest Queen" on posters, flyers or any other item, which is distributed at no charge.

D. I acknowledge that I have been a resident of Monroe County for at least one calendar year from the date of this entry form.

E. I acknowledge that I have met the requirements of not more than four principal sponsors agreeing to commit between \$750.00 and \$1000.00 total "seed money" to my campaign. I acknowledge that my treasurer's books be open to the AIDS Help Accounting Department.

F. I acknowledge that I am a volunteer who is interested in raising funds for AIDS Help, a Florida not-for-profit corporation. For and in consideration of One dollar, the receipt and sufficiency of which is hereby acknowledged, I hereby release and waive any and all claims which I might have against AIDS Help, The Market Share Company, Monroe County, the Tourist Development Council (TDC), the City of Key West, Fantasy Fest and the Key West Tourist Development Association (TDA), their officers, directors, employees and their agents and their successors from and against any and all liabilities, costs, damages, expenses and attorneys fees resulting from or attributable to any and all acts of myself or persons associated with me for any injury, loss or damage whatsoever which I might suffer from or as a result of participating in Fantasy Fest as a Candidate.

G. I agree to indemnify and hold those persons and organizations in F. above, their officers, directors, employees, agents and successors from any and all liabilities, costs, damages and claims which might be made against them as a result of this event, my participation or otherwise arising out of it.

H. I agree to release and hold harmless AIDS Help, The Market Share Company, Monroe County, the TDC, the City of Key West, the ATD, Fantasy Fest and its coordinators, sponsors and their representatives from any personal liabilities, loss or theft of personal property, claims or damages that may occur as a result of my participation in this event. I acknowledge and agree to turn over to AIDS Help any monies, which I might collect at any time to AIDS Help without any costs or deductions whatsoever. All donors shall be instructed to make checks payable directly to "AIDS Help" with a notation of the Candidate they wish to sponsor on the check. To avoid long delays in tabulation and accounting on the evening of the Coronation Ball, and in acknowledgment of the ever-present needs of the clients of AIDS Help, I agree to at least weekly submit all monies, cash, check and credit card funds raised during my campaign to AIDS Help. I further agree that the amounts raised by individual candidates shall be kept in the highest confidence and shall not be released to the public at any time during or after the campaign by any party whatsoever, including AIDS Help and myself and my campaign workers; and that the only amount released to the public is the combined total raised by all the candidates.

I. I agree to release AIDS Help, The Market Share Company, Monroe County, the City of Key West, the TDC, the ATD and their designees and I hereby give them all rights and permission to use any photograph, film, videotape or sound recording in which I appear in any manner and in any media,

including radio, television, videotape, newspapers, magazines, programs, brochures and any and all other media in connection with advertising and purposes of trade, which they might in their complete discretion choose, without any further permission by myself and without any compensation to me whatsoever.

Candidate's Signature: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____

Treasurer's Signature: _____ **Date:** _____

Received at AIDS Help: _____ **Date:** _____

AIDS Help, PO Box 4374, Key West, Florida 33041
(305) 296-6196 Fax: (305) 292-7617