



**Saturday  
November 8, 2025  
9am-2pm**

**The Islands  
Community Park  
825 S Islands Dr West  
Gilbert, AZ 85233**

**Plaques awarded by  
special judges for:**

**Best paint, best interi-  
or, best street rod,  
best original, best  
truck, hot car, best vet-  
eran entry, peoples'  
choice, participants'  
choice, residents'  
choice, and kids  
choice.**

**Staging begins at  
7:00am**

**Award Presentation  
at 1:30pm**

**Space is limited!**

**Reserve your spot today!**



## THE ISLANDS CAR SHOW ENTRY FORM

Mail/bring entry form to:  
The Islands Community Association  
825 S Islands Drive West, Gilbert AZ, 85233  
or Email form to islands.az@fsresidential.com  
For more information call us at: 480-545-7740 or visit our website,  
www.islandscommunity.org

### **\$25 per vehicle**

Cash or checks preferred. Please make checks payable to:  
The Islands Community Association  
Credit cards accepted at the office only and a 2.95% transaction fee applies.  
**CASH OR CHECK ONLY DAY OF EVENT IF SPACE AVAILABLE**

### **PARTICIPANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Day of Event Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Vehicle Year, Make and Model \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Club Affiliation \_\_\_\_\_

Are you a Veteran? Yes ☐ No ☐ Return participant? Yes ☐ No ☐

Are you an Islands resident? Yes ☐ No ☐

How did you hear about us? \_\_\_\_\_

### **INDEMNITY AGREEMENT AND LIABILITY WAIVER AND RELEASE**

I desire to participate voluntarily in The Islands Cool Car Festival ("Event") as a vendor/participant. I am fully aware that there are inherent risks to myself and others involved with the Event, including but not limited to illness, injury (including death), and loss of personal property, and I choose to voluntarily participate in the event and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others. I acknowledge that the Event may be physically strenuous. I know of no medical reason why I should not participate.

By signing this Indemnity Agreement and Liability Waiver and Release, I acknowledge that my participation in the Event, including, without limitation, the operation of a vendor booth, food vendor truck, and/or car show participant is conditional upon my agreement to follow the guidelines contained in this APPLICATION AND GUIDELINES.

I further agree to indemnify, defend and hold The Islands Community Association, its directors, officers, committee members, employees, and agents, including First Service Residential (collectively, the "Indemnified Parties"), harmless from, and defend the Indemnified Parties, from and against any claims, demands, causes of action, damages, costs, including all costs of defense, expenses, losses or liabilities, in law or in equity, arising or resulting from, or in any way connected with, my participation in the Event, however caused, regardless of any negligence of the Indemnified Parties, or any of them, whether passive or active, except the sole negligence or willful misconduct of the Indemnified Parties. The Islands Community Association shall control the defense provided by me pursuant to this provision, and shall choose the counsel to be used in such defense. Such obligations shall not be construed to negate, abridge, or otherwise reduce any other right or obligations of indemnity that would otherwise exist as to any party or person described in this paragraph.

In addition, I hereby release, discharge and covenant not to sue the Indemnified Parties from all liability to the undersigned, my personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of property damage, personal injury or death of the undersigned, whether caused by the negligence of the Indemnified Parties or otherwise while the undersigned is in, upon, about, arriving at or departing from the Event or the premises, or any facilities or equipment therein, in order to participate, or while participating in, the Event. By this agreement, it is my intention to relieve the Indemnified Parties of any duty to me without limitation, and I assume the entire risk of damage, injury or death which might occur during or as a result of my participation in the Event.

I understand and acknowledge that this is Indemnity Agreement and Liability Waiver and Release is a contract between me and/or my business and the Indemnified Parties.

### **SIGNATURE**

I have read and agree to all conditions set forth on this entry form

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office use only: Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_ Initials \_\_\_\_\_