



Hosted by the Mount Angel Chamber of Commerce

Saturday, December 3, 2016, 10am to 5 pm and Sunday, December 4, 2016, 10am to 5pm

TYPES OF BOOTHS/FEES

Arts and Crafts Booth @ \$200.00__ Food Booth @ \$200.00__ Commercial @ \$200.00__ (check one)

We may add a "General Store" where vendors can share space if there is enough interest \$75 ____

Enclose check for the correct amount. Please note that these are prices for 10' X 10' space. Please provide a pop-up without the top canvas and wrap upper frame in white lights.

For more information re: booths, contact Mary Grant at 503-932-5279, 503-845-6222, mary@glockenspielrestaurant.net

BOOTH INFO

Business/Organization Name: _____ (Vendor) Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Cell: _____ Email: _____

Booth non-profit____ or for profit____ (check one)

List all products and provide a full description: _____

Are there special needs such as electrical connections, etc. _____

Do you need a special license or insurance to sell your products such as OLCC ____ Health Department ____

- Set up begins Friday, December 4th starting at 5pm
- Food Vendors will be provided space for cooking and must adhere to all Marion County Health laws as to licensing, food handling, hand washing, etc.
- All participants agree to leave their areas clean when the festival is over. Garbage cans are provided.
- Help us promote this event. Share the information with your customers. Send us a copy of your promotions.

INSURANCE

Vendor agrees to procure and maintain comprehensive general liability insurance in the amount of not less than \$1,000,000 per occurrence for at least the length of this event. **Please mail a certificate showing proof of this with your application.**

WAIVER AND RELEASE FORM

As consideration for my participation in this event, I, on behalf of myself, my heirs, assigns and next of kin, and/or I, as authorized representative of the above business entity, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge, Mt. Angel Oregon Hazelnut Festival, Mt. Angel Chamber of Commerce, and its agents, employees, officers, directors, affiliates, successors, volunteers and assigns (hereinafter, the "Released Parties"), of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in the Mt. Angel, OR Hazelnut Fest. By this WAIVER AND RELEASE, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property, with respect to the Released Parties, in connection with the Mt. Angel, OR Hazelnut Fest. I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I hereby certify that I am 18 years of age or older, mentally competent to enter into this WAIVER AND RELEASE, and have read the above carefully before signing.

Signature: _____ Date: _____

Sign and Return this form with your check by November 11, 2016

Mt. Angel Hazelnut Festival, Mt. Angel Chamber of Commerce, PO Box 221, Mount Angel, OR 97362

