



2019 Haunted Village Vendor Application

Vendor Name, Contact Person, Address, City, State, Zip, Phone (Work), (Cell), Email (Required)

Office Use Only: Received Date, Cash, Approved By, Credit Card, Total Paid, Check #, Receipt Number, Liability Insurance Received

Haunted Village is Wednesday, October 30, 6:00-8:00pm. Set-up begins at 4:00pm, with roads closing at 5:30pm.

Total Booths, Requested size of Booth space, Electric Needed, Type of Booth: Table, Tent, Trailer

Approximate Electric Amps to be used

Will food and/or drinks be sold? Yes No

Food Vendor Fee: \$25

Any vendors selling food must provide a Certificate of Liability Insurance naming the City of Pickerington as additionally insured under their policy for the duration of the event.

Franklin County Public Health requires that any vendors selling food have a food permit. No exclusive product rights will be offered.

Please describe your booth. List all items you will hand-out or sell.

Blank lines for describing the booth.

Reserve a space by returning:

- 1. Completed Haunted Village Vendor Application with payment
2. Signed Full and Final Release of Liability and Indemnification Agreement
3. Certificate of Liability Insurance naming the City of Pickerington as additionally insured (vendors selling food)

Mail Completed Application Form to: Pickerington Parks and Recreation Department, 100 Lockville Road, Pickerington, OH 43147

Registration Deadline: Friday, October 11

Waiver for Applicant

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities.

Signature Date

Payment Method: Cash Check Number Credit Card - Please bill my (circle one): MC or VISA

Name of Cardholder Account Number Expiration Date CVC Code

Cardholder Signature Date



Full and Final Release of Liability and Indemnification Agreement

The participant listed below hereby acknowledges, represents, and agrees as follows:

Vendor Name _____ Event Haunted Village Date 10/30/2019

By signing this FULL AND FINAL RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to myself or to any third party, arising out of or in any way related to the activities I will be performing. I understand that I am responsible for my safety and the safety of others, not the City of Pickerington.

By signing this FULL AND FINAL RELEASE AND INDEMNIFICATION AGREEMENT and in consideration of permission from the City of Pickerington to use its facilities, I further hereby exempt, release, and discharge the City of Pickerington, its employees, public officials, agents, officers and volunteers from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, that I now have or which may thereafter accrue arising out of or in any way related to the activities I conduct on City of Pickerington property.

I further agree to defend, indemnify and hold harmless the City of Pickerington, its officers, employees, insurers, and self-insurance pool from and against all liability, claims, and demands, court costs, and attorneys' fees, including those arising from any third party claim asserted against the City of Pickerington, its officers, employees, volunteers, insurers, and self-insurance pool, on account of injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the activities of the program.

I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of Ohio, and that jurisdiction and venue for any suit or cause of action under this AGREEMENT shall lie in the courts of Fairfield County, Ohio.

Name _____

Title _____

Signature _____

Date _____