

Booth Name: _____

Please select all that apply with a description:

Informational Booth ____ Informational Content: _____

Selling Merchandise ____ Type of merchandise: _____ CA Seller's Permit# _____

Selling Food ____ Type of Food: _____ Food Handler's Permit #: _____

Offering an Activity ____ Activity Description _____

Contact Information

Name: _____

Mailing Address: _____

Phone _____ - _____ - _____ Email: _____

Note to Vendors

Booth Space is given on a first come, first serve basis. Deadlines & fees are as follows:

-Food Vendor booth space is \$100.00. (Up to 12' x 20') Additional \$50.00 per additional 10'

The deadline is Friday, May 8th

-Each 10' x 10' booth is \$40.00.

The deadline is Friday, June 5th

Food Vendors MUST have a Temporary Food Handler's Permit which can be obtained by calling Environmental Health at (707) 234-6625

- Booths may be in the sun, so it is advised to bring a pop-up, but not required.
- Electricity is not included. If you are bringing a generator, please let me know ahead of time.
- Vendors will receive an email or phone call to verify your application has been received.
- You will receive a follow-up phone call or email to let you know where your booth will be located by Monday, June 15th.
- The email will be monitored once a week in April and May and the first week of June. It will be monitored daily beginning June 8th. If you do not get an immediate response, please be patient and feel free to text me. 707-367-9471.

Checks can be made payable and sent to: Willits Frontier Days PO Box 800 Willits, CA 95490

Cash, Check or Money Order can be dropped off at JD Redhouse & Company in Willits.

Willits Frontier Days Hometown Celebration Street Fair

LIABILITY RELEASE FORM

PARTICIPANT OR ORGANIZATION ENTRY NAME: _____

PRIMARY CONTACT NAME: _____

PHONE NUMBER _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

Acknowledgement of Risks

I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness, or disease, physical or mental, or damage to myself, to my property or to spectators or other third parties. I understand and acknowledge those risks may result in personal claims against the Frontier Days and the City of Willits or their members or claims against me by spectators or other third parties.

Among these risks are the following:

(1) The nature of the activity itself; (2) the acts or omissions, negligence in any degree, of the Frontier Days and the City of Willits and Frontier Days, their officers, agents, volunteers, or employees, and other persons or entities; (3) latent or apparent defects or conditions in equipment, or property, or other persons or entities; (4) use or operation, by myself or others, of equipment supplied by myself or other persons or entities (5) acts of other participants in this activity, employees and agents of the Frontier Days and the City of Willits, or other persons; (6) weather conditions; (7) contact with plants or animals; (8) my own physical condition, or my own acts or omissions; (9) condition of the motor vehicles, floats, equipment, if any and/or the streets and surrounding terrain, and accidents connected with their use; (10) first-aid, emergency treatment or other services rendered; (11) consumption of food or drink. I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness or disease, or damage to myself to my property or to spectators or other third parties. I expressly except those risks

not specifically listed above as well.

Acceptance of Risk and Responsibility

Being aware that this activity entails risks or injury to myself and a risk to injury to spectators or other third parties as a result of my actions, I agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to spectators or other third

parties and their property arising from my participation in this activity. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks.

Release

I hereby voluntarily release and forever discharge Frontier Days and the Frontier Days and the City of Willits,

their officers, agents, volunteers, or employees, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including specifically, but not limited to, the active or passive negligent acts or omissions of Frontier Days and the City of Willits, its agents or employees, and all other persons or entities, for any and all injury, death, illness, or disease, and damage to myself or to my property. I further agree, promise and covenant to hold harmless, defend and indemnify the Frontier Days and the City of Willits, their officers, agents or employees, and all other persons or entities from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to spectators or other third parties in the course of my participation in any event sponsored by Frontier Days. I further agree, promise and covenant not to sue, assert or otherwise maintain or assert any claim against the Frontier Days

and the City of Willits, their officers, agents or employees, and all other persons or entities, for any injury, death, illness or disease, or damage to myself or to my property, arising from or connected with my participation in this activity or from any claim asserted against me by spectators or other third parties.

IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE FRONTIER DAYS AND THE CITY OF WILLITS, OR THEIR OFFICERS, AGENTS, OR EMPLOYEES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE.

Acknowledgement of Effect of This Release

I understand and acknowledge that by initialing and/or signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against the Frontier Days and the City of Willits, its officers, agents or employees, and other persons or entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, negligent to any degree, of the Frontier Days and the City of Willits, their officers, agents or employees, and all other persons or entities. I understand and acknowledge that by initiating and/or signing this release, I have assumed responsibility and legal liability for the claims or their legal demands, including defense costs, which may be asserted by spectators or other parties against me as a result of my participation in this activity. I understand and acknowledge that no other insurance is provided to me for this activity. I certify that I have sufficient health, accident and liability insurance to cover any bodily injury

or property damage I may incur while participating in this activity and to cover bodily injury or property damage caused to a third party as

result of my participation in this activity. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

Entire Agreement

I understand that this is the Agreement between myself and the Frontier Days and the City of Willits, their officers, agents or employees, and that it cannot be modified or changed in anyway by the oral representations or statements of any officer, agent or employee or the Frontier Days and the City of Willits, or by me. I further understand its contents and that this agreement includes an assumption of risk of the released parties' negligence and a release of their liability. I understand that the Frontier Days and the City of Willits is materially relying on this waiver and is allowing me to participate in the subject event with this reliance.

My signature below indicates that I have read this entire document, understood it completely, and agreed to be bound by its terms.

This document affects your legal rights. You must read and understand it before signing it.

Name Of Participant _____

Signature of Participant _____

Date of Signature _____

Phone Number _____