

City of Gervais

Vendor/Participant Waiver and Application

VENDOR NAME AND CONTACT PERSON: _____

ADDRESS: _____
(STREET/PO BOX)

_____ (CITY) _____ (ZIP)

DAY PHONE: _____ EVENING PHONE: _____

Vendor/Participant Description: _____

Vendor Food Handling License Number _____

Registration Fee _____

Event Date:

Statement of Agreement:

I, the undersigned, as a registered participant/vendor in the Gervais 4th of July Celebration I have read and understand the contents and nature of this agreement. I acknowledge participation in this may expose me, other members of my group, and volunteers to a variety of hazards. Dependent upon the nature of the performance, the risk of injury attendant with the performance, whether foreseen or unforeseen, cannot be eliminated due to the nature of the performance. I am trained for the type of services to be provided and agree to assume full responsibility for my own safety, and the safety of other members of my group.

By signing this release form, I agree to waive and discharge any and all claims and to hold harmless The City of Gervais, officers, employees, volunteers, and agents from any claim for injury or damages, except for our sole negligence, that may arise from, or in connection with my participant service described above. I agree that I am fully responsible for the payment of all costs resulting from the rendering of medical aid and ambulance services, and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

If you would like to participate, enclosed are the registration form and wavier. We must have your proof of insurance with an additional insured endorsement in favor of The City of Gervais, Its Agents, Officers and Employees (see attached sample certificate) with at least a \$1,000,000 limit of general liability, and copy of food handler's card (as applicable), and your registration fee.

This agreement is intended to be as broad and inclusive as is permitted by law. I understand this agreement and I have read this agreement in its entirety and I freely and voluntarily assume all risks and responsibilities associated therewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions. By signing below, I agree that I understand and consent to this statement.

 VENDOR SIGNATURE

 DATE

 AUTHORIZED CITY OF GERVAIS REPRESENTATIVE

 TITLE

 DATE

For City Use Only

Vendor Fee Collected (\$25.00):	Cash or Check #:
Date:	Clerk: