



VENDOR APPLICATION

BUSINESS / ORGANIZATION NAME _____

OWNER / CONTACT NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **CELL NUMBER** _____

EMAIL _____

EMERGENCY CONTACT _____ **NUMBER** _____

DETAILED DESCRIPTION OF PRODUCTS / ITEMS TO BE SOLD (Description of art, craft, food and/or beverage items and equipment used. Food vendors must submit a separate menu of items to be served along with this completed application form).

VENDOR TYPE (Please circle all that apply): **ART** **CRAFT** **FOOD** **BEVERAGE** **ALCOHOL**

PAYMENT (Please circle one): **CASH** **CHECK** **MONEY ORDER** **CREDIT CARD**

WAIVER AND RELEASE

Vendor recognizes there are inherent risks in all special events and/or programs and agrees to assume the full risk of any injuries, damages or loss regardless of severity that it may sustain as a result of participating in any and all activities connected with or associated with such special events/program(s). Vendor agrees to waive and relinquish all claims it may have as a result of participating in the special event/program, against the Town of Lake Park (or Town of Lake Park CRA), it's elected and appointed officials, employees, volunteers, consultants, and agents. Vendor does hereby fully release and discharge the Town (or Town of Lake Park CRA) and their officers, agents, servants and employees from any and all claims from injuries, damages or loss which I may have or accrue to arising out of, connected with, or in any way associated with the activities. Vendor acknowledges full responsibility for its products and activities at the event and for those actions of persons assisting them. Vendor agrees to defend, hold harmless and indemnify the Town of Lake Park, and the event organizers from any lawsuits, claims and/or other actions which arise from Vendor's product or conduct. All vendors must refrain from smoking. Gloves must be worn while handling food. In the event of any emergency, Vendor authorizes Town officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary for my immediate care and agree that Vendor will be responsible for payment of any and all medical services rendered. Online and fax waiver signatures received for special events/program applications forms are considered as good as an original document for legal purposes. Vendor grants permission to Town of Lake Park and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of the Vendor, or members of their staff, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. Vendor releases Town of Lake Park and its legal representatives for all claims and liability relating to said images or video. Vendor hereby acknowledges that it has read and fully understands the above program details, waiver and release of all claims and permission to secure treatment and execute this waiver and with all releases voluntarily.

Vendor Signature: _____ **Date:** _____