



VENDOR APPLICATION

Fort Umpqua Days – September 2nd-3rd

Elkton Community Education Center

Vendor's Name: _____

Featured Item(s): _____

Booth Name: _____

Mailing Address: _____

E-Mail: _____

Phone: _____ Cell: _____

Standard Space - 10' x 10'	\$30.00	\$ _____
Double Sized Space	\$50.00	\$ _____
*Need electricity? Extra Fee:	\$10.00	\$ _____
Total		\$ _____

* Please make electricity need known as soon as possible.

Mail application and booth rental payment to:
 Elkton Community Education Center, Fort Umpqua Days Event, P.O. Box 684, Elkton, Oregon 97436
 Make Check Payable to: ECEC

WAIVER AND RELEASE OF LIABILITY (Required for Booth Space)

I, the above-named applicant, am fully responsible for myself and for my product(s) to be sold at the annual Fort Umpqua Days event. I personally assume the responsibility and risk in this event.

Vendor, for itself, its successors and assigns hereby releases the Elkton Community Education Center (ECEC), its sponsors, event officials, volunteers, suppliers, agents, independent contractors, employees and other personnel in any way assisting or connected with the Fort Umpqua Days event, including, but not limited to, the Elkton Lions Club, from any and all claims of every sort it may have against the ECEC, based upon, arising out of, or related to the Fort Umpqua Days event, including, but not limited to: loss, theft, damage, destruction, or delay or non-delivery of goods, display material and other effects while on the ECEC premises or while traveling to or from the event, even though liability may arise out of the negligence or carelessness on the part of the person or parties names on this waiver and release; any injury to Vendor, its employees, agents, representatives or *quests* while in the show premises, including personal injury or wrongful death; any damage to Vendor's business by reason of the failure to provide space for the exhibit; or failure to the show as scheduled.

Vendor agrees to hold forever harmless the ECEC from any and all damage, loss liability, claim or expense (including legal fees) based upon, arising out of, or in connection with the violation of any law ordinance by Vendor, its employees, agents, representatives, or guests.

 Vendor Signature

 Parent of Guardian Signature (Required if under age of 18)

 Date

 Date

 Check Number

 Amount Received

 Initials and Date

 Space Number