

## Vendor Application

# Clatskanie Health & Safety Fair

Saturday, September 28, 2019 at Clatskanie Middle/High School, Clatskanie, Oregon

Time: 10:00am -2:00pm

Vendor application due by September 1, 2019

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\*All Vendors are required to supply their own equipment, including tables, chairs and tents, etc.

Type of Booth:            Informational            Interactive            Food

Describe your booth:

\*Only items described below and approved by the Clatskanie Health & Safety Fair committee under this application may be distributed or displayed at this event:

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Is electricity needed?    Yes    No    What is the electricity for? \_\_\_\_\_  
Booth space request \_\_\_\_\_

Typical Booth Size: 10 x 10 (Larger area by request only)

*NOTE-* Your entire booth including tables and anything else is required to fit within the space that you reserve.

Set up time begins at 8:00am the morning of the event. Tear down time no earlier than 2:00pm the afternoon of event.

Fee: A minimum (non-refundable) fee of \$10.00 is required. Applications due: September 1, 2019

Late Applications: Accepted with a \$15 fee between the dates of September 2<sup>nd</sup> thru September 9<sup>th</sup>.

No applications will be accepted after September 9<sup>th</sup>

Cancellations: Please contact us no later than September 13, .2019

### Booth Rental Agreement

By signature below, I understand and agree to the above. Further, I have read and agree to the vendor rules attached to this application. I have provided full payment and proof of insurance with this signed application.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to the Clatskanie Health & Safety Fair. Credit cards are not accepted. When this application is accepted by Clatskanie Health & Safety Fair, a letter of acceptance will be sent to the vendor. This application and the letter of acceptance shall constitute a contract between the Vendor and Clatskanie Health & Safety Fair.

### Return signed Application, Release and Proof of Insurance to:

Clatskanie Health & Safety Fair

Attn: United Way

P. O. Box 538

Rainier, OR 97048

Phone: (503) 556-3614

[uwcc@hotmail.com](mailto:uwcc@hotmail.com)

Applications due September 1, 2019

# Clatskanie Health & Safety Fair

## VENDOR RULES

Event Date: Saturday, September 28, 2019

Event Time: 10am-2pm

### **Please read the following before signing the vendor application:**

1. This application is for a booth at the Clatskanie Health & Safety Fair (CH&SF) to be held, rain or shine, on Saturday, September 28, 2019 at the Clatskanie Middle/High School, 471 SW Bel Air Dr., Clatskanie, OR 97016. Applications are due on September 1, 2019. This application and the letter of acceptance from the Clatskanie Health & Safety Fair Planning Partners shall constitute a contract between the Vendor and the Clatskanie Health & Safety Fair.

2. Vendor set up is Saturday, September 28<sup>th</sup> at 8:00am to 10:00 am. Vendors are required to arrive at the event grounds and check in prior to 9:00 am on the day of the event. No vehicles will be allowed to enter the event grounds after 9:00 am on the day of the event. All vehicles already on the grounds by 9:00am will be required to exit the grounds by 9:30am. We highly suggest that heavy and/or cumbersome setup take place early Saturday morning.

3. Vendors will be asked to park in the areas designated as "Vendor Parking." All other parking spaces will be reserved for community members visiting the fair.

4. Vendors are responsible for providing their own tables, chairs and canopies if they requested a booth outside. Inside vendor booths, may be allowed to use tables and chairs on location, if available and if arrangements were made with the Clatskanie Health & Safety Fair Planning Partners in advance.

Vendor agrees to have booth completely set up and open from 10:00am to 2:00pm the day of the event. Take down of vendor booths will not be allowed until after 2:00pm to avoid disruption to the fair.

6. The Clatskanie Health & Safety Fair Planning Partners reserves the right to approve all vendors within any given category. Vendors are not allowed to sell alcohol in any form.

7. The Clatskanie Health & Safety Fair Planning Partners and its officers, volunteers and contractors assume no responsibility for any loss or damage whatsoever. All vendors shall provide their own insurance. Vendor shall save, defend and hold harmless the Clatskanie Health & Safety Fair Planning Partners, its officers, members and contractors from any damages or claims arising from Vendor's activities under this agreement. Proof of insurance is required with this application. The suggested minimum insurance coverage is \$1,000,000 per incident. If you have concerns about insurance, please contact Kathye Beck [uwcc@hotmail.com](mailto:uwcc@hotmail.com) or Melissa Korsmo [Melissa.korsmo@inroadscu.org](mailto:Melissa.korsmo@inroadscu.org).

# Clatskanie Health & Safety Fair

## VENDOR RULES

Proof of insurance should name Clatskanie Health & Safety Fair and Planning Partners as the additional insured. These certificates can easily be obtained by your insurance carrier.

8. Vendor agrees to be responsible for the cleanup of the booth area at the end of the Fair.

9. Vendors who do not comply with this agreement will not be allowed to continue their presentation and may be asked to close their booth and exit the Fair.

10. Food vendors are required to provide a Columbia County health permit. This permit is required by the State of Oregon and strictly enforced by Columbia County. For more information, call (503) 366-3828.

11. Prohibited Items: Weapons (including firearms), alcoholic beverages, drug paraphernalia or items depicting or suggesting drug use.

For additional information call or e-mail:

Kathye Beck  
(503) 556-3614  
[uwcc@hotmail.com](mailto:uwcc@hotmail.com)

Melissa Korsmo  
(503) 366-6344  
[Melissa.korsmo@inroadscu.org](mailto:Melissa.korsmo@inroadscu.org)

Joe Thorp  
(503) 728-2025  
[jthorp@clatskaniefire.org](mailto:jthorp@clatskaniefire.org)

# Clatskanie Health & Safety Fair

## RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the use of the Clatskanie Middle/High School during Clatskanie Health & Safety Fair for 2019, by the undersigned, I/we, do hereby release and forever discharge the City of Clatskanie, and the Clatskanie Health & Safety Fair planning partners which include Clatskanie PUD, Wauna Federal Credit Union, Clatskanie Fire Department, Kiwanis, United Way, InRoads Credit Union and the Clatskanie School District, and their individual agents, attorneys, and assigns from any and all actions, claims and demands for, upon or by reason of any damage, loss, or injury which may be sustained by me/us during this year's Clatskanie Health & Safety Fair.

This release extends and applies to and covers all known, unknown, unforeseen, unanticipated injuries, damages, loss and liability, and consequences thereof. The provisions of any state or federal law providing that this release does not extend to claims, demands, injuries or damages which are unknown or unsuspected to now exist, are hereby expressly waived.

I/we further agree to indemnify and defend the above-named parties from, and reimburse said parties for any cost, claim, loss, or liability suffered directly or from a third-party claim arising out of or related to any activity of mine/ours during or in connection with Clatskanie Health & Safety Fair in my/our possession or control. The above-named parties shall have no liability to me/us for any injury, loss, or damage caused by third parties during or in connection with Clatskanie Health & Safety Fair

I/we agree that the above-named parties or individuals shall have no liability for the failure or interruption of utilities during or in connection with Clatskanie Health & Safety Fair

DATED this day of \_\_\_\_\_ 2019

\_\_\_\_\_  
Vendor's Name (Print) Business Name / Organization

\_\_\_\_\_  
Vendor's Signature Phone

\_\_\_\_\_  
Business Street Address City, State, Zip

\_\_\_\_\_  
Email Address