

# ANNUAL KEG COUNTY ARTS & CRAFTS FAIR APPLICATION

PLEASE PRINT \*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\* PLEASE PRINT

\_\_\_\_\_  
Name Booth Name

\_\_\_\_\_  
Mailing Address – Street or PO Box, City, State, Zip Code

\_\_\_\_\_  
Phone Number Email Address

Description of Items for Sale:  
Items must be family friendly. All items must be listed. **Please do not use broad terms like Home Décor, Wood Items, etc.** Reason?  
We use this information when mapping the vendors—we do not want 2 vendors with the same items next to each other.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all persons who will be present in your booth all day. Name tags will be provided. Please wear all day.

\_\_\_\_\_

\*\* If you participated last year, would you like the same booth assignment if it is possible? Yes \_\_\_\_\_ No \_\_\_\_\_  
If electricity is requested, booth location may need to be changed.

\*\* Will you need electricity? Yes \_\_\_\_\_ No \_\_\_\_\_

### Submission Check List

- \_\_\_\_\_ Application complete and **signed**.
- \_\_\_\_\_ **Signed** Hold Harmless Indemnification & Release document.
- \_\_\_\_\_ Check or Money Order payable to: HCACG

**\*\*\* FOOD VENDORS --- PLEASE INCLUDE MENU and PRICES \*\*\***

**\*\*\* Mail all of the above to: \*\*\***  
HCACG  
PO Box 123  
Centerville, TN 37033

**# of BOOTHS NEEDED \_\_\_\_\_**

**AMOUNT ENCLOSED \_\_\_\_\_**

Questions? Email: [info@HickmanArtsAndCraftsGuild.org](mailto:info@HickmanArtsAndCraftsGuild.org) – or – call: 931.242.0428

**I have read, understand and agree to comply with the Annual Keg County Arts & Crafts Fair Guidelines as noted in the Vendor Information document.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

For Guild use: Date Received \_\_\_\_\_ Date Notified \_\_\_\_\_ Booth # \_\_\_\_\_

# HOLD HARMLESS AGREEMENT: INDEMNIFICATION and RELEASE

**Participant** (your name): \_\_\_\_\_

(Hereinafter referred to as "Participant"), being provided promotion through the Hickman County Arts & Crafts Guild, agrees to the following terms and conditions:

1. The Hickman County Arts & Crafts Guild Annual Keg County Arts and Crafts Fair; operators of the Annual Keg County Arts and Crafts Fair (including Events Chairperson and Events Committee, operated in the future by the Hickman County Arts & Crafts Guild); and its officers, members and volunteers.
2. "Participant" shall mean any vendor, participant, volunteer, or entity promoted for the Annual Keg County Arts and Crafts Fair; participant's employees, agents or volunteers, including family members; and its heirs and assigns.

## Indemnification

Participant shall indemnify and hold harmless the Annual Keg County Arts and Crafts Fair operators, Hickman County Arts & Crafts Guild officers and members, the county of Hickman and its City Council, boards and commissions, officers, agents, employees and volunteers from and against any and all loss, damages, liability, claims, suits, costs, and expense whatsoever, including reasonable attorney's fees regardless of the merit or outcome of any matter connected to any act or omission in going to, coming from or performing services, work or activities at or in relation to the Annual Keg County Arts and Crafts Fair.

## Release

Participant hereby waives, releases and discharges any and all claims for personal injury, death or property damages which it may have or which may hereafter accrue as a result of its activity regarding the Annual Keg County Arts and Crafts Fair.

## Annual Keg County Arts and Crafts Fair Safety Requirements

Participant hereby assumes liability and financial responsibility for any accident, injury or property damage resulting from failure to comply with the Annual Keg County Arts and Crafts Fair rules, specifically health and safety regulations.

I HEREBY STATE THAT I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE ABOVE PROCEDURES OUTLINED IN THIS COPY OF THE ANNUAL KEG COUNTY ARTS AND CRAFTS FAIR HARMLESS AGREEMENT: INDEMNIFICATION AND RELEASE FORM, IN WITNESS THEREOF, THIS AGREEMENT IS EXECUTED ON:

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County