



“Salute to Service”

Exhibitor Application Form

Event Date: 24 May 2025

Time: Setup: 8:30 – Noon

Opening Ceremony: 1PM

Location: Historic Front Royal Downtown

Gazebo Park (corner of Chester and Main)

Name of Business _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Type of Services offered _____

Exhibitor Space (10x10): Food Related () Non-Food () Need Electric ()

There is no fee for our 2nd Annual Salute to Service event for non-profits or community organizations. Vendors are requested to provide a \$25 donation. There are a limited number of spaces, so to reserve your spot please return the application ASAP by email to: skip.rogers@ableforces.org We have two spaces reserved for Food Trucks. **This is a Rain or Shine event.**

Exhibitors are responsible for all permits, licenses, and insurance coverage required for the operation, safety, and health for the exhibitor space and grounds. We retain the right to refuse any organization, group, or individual at any time at our discretion.

Chester Street Tavern and Able Forces Foundation assume no responsibility for accidents to any person, property, loss or damage incurred by any Exhibitor. All accidents should be reported.

The undersigned (on my own behalf of my heirs, personal representatives, successors) for and in consideration of the opportunity to participate in Salute to Service (hereafter referred to as the EVENT), do hereby agree to indemnify and hold harmless Able Forces Foundation and Chester Street Tavern their officers, employees, agents, volunteers, and sponsors (herein after the RELEASED PARTIES) from and against claims, actions, suits, losses, damages, and liabilities, including attorney fees and cost of defense arising from any contention or allegation, whether well founded or otherwise, based on any acts of conduct by said parties, which are reasonably necessary to effectuate the purpose of said activity and/or events.

I FULLY UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY/OR ALL OF THE “RELEASED PARTIES” FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM/OR IN CONNECTION WITH PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING, OR CONDUCTING THE EVENT.

I further agree to waive all benefits flowing from any state statute, which would negate or limit the scope of this release and Indemnification Agreement, including but not limited to all applicable local, state, and federal laws.

By signing this Release, I certify that I have read this Release and fully understand it.

Name (print) _____ Name (signature) _____ Date _____