



# COMMUNITY FOOD CO-OP

# Presenter-Vendor Information Packet

## COMMUNITY HEALTH DAY SEPTEMBER 27, 2025



## Want to be a part of a first of its kind opportunity here in Long County?

Thank you for joining the inaugural Long County Community Health Day, hosted by the Community Food Co-Op (CFCO), a first-of-its-kind initiative in Long County, Georgia. As a Teen Circles program, CFCO brings together local health care facilities, wellness practitioners, farms, agriculturists, health care providers, community partners, local government, and residents to promote whole health. With mental, physical, emotional, and spiritual wellbeing as the focus, curated presentations by industry and pro subject matter experts are invaluable.

This packet provides all the information you need to be a successful presenter at our kick-off event.

### Location

Ludowici Train Depot  
207 S. Main Street  
Ludowici, GA 31316

### Time

10:00 am - 3:00 pm  
Setup: 9:00 am - 9:45 am  
Breakdown: 3:00 pm - 3:30 pm

### Audience

Residents of Long County and surrounding areas, all ages

**Theme** Whole Health – Mental, Physical, Emotional, and Spiritual

**Cost** \$65

Presenters receive a 15 minute time slot on the main event stage. As a presenter, you also have a reserved prime vending space. Your logo, bio, and summary of your product and services are listed on the program page. Your participation will help to create an event with a memorable experience for the community. The info for your company will be posted on the event website with a link to your page and in digital media.

All funds benefit the outreach efforts of Teen Circles, 501(c)3. Additional donations are welcome.



## PRESENTER - VENDOR REGISTRATION

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### Presenter Guidelines

- **Arrive Early:** Please arrive at least 45 minutes before your scheduled demonstration.
- **Bring Supplies:** Ensure you have all necessary materials for your session (ingredients, props, handouts, etc.).
- **Engage the Audience:** Encourage questions, participation, and hands-on involvement.
- **Stay on Schedule:** Each demonstration is allotted [Insert Time] minutes.
- **Share Resources:** Provide attendees with take-home materials, recipes, or resource lists when possible.
- **Promote Whole Health:** Emphasize the interconnectedness of mental, physical, emotional, and/or spiritual well-being.

### Tentative Event Schedule

Time Slot	Activities & Presentations
10:00 AM	Welcome & Opening Remarks
10:15 AM – 10:35 AM	Food Preservation (2 slots)
10:45 AM – 11:20 AM	Benefits of Herbs & Fresh Produce (2 slots)
11:30 AM	Eating for Chronic Illness Management
11:45 AM	Chair Yoga
12:15 PM – 12:45 PM	Healthy Recipes Demo (3 slots)
1:00 PM – 1:35 PM	Exercising with Health Challenges (2 slots)
1:45 PM	Busy Little Bodies: Youth Exercise
2:00 PM – 2:20 PM	Line Dancing
2:30 PM	Closing & Community Resources



## PRESENTER - VENDOR REGISTRATION

Please complete and email to [FoodCoOp@teensircles.org](mailto:FoodCoOp@teensircles.org). All slots are on a first come basis.

<b>Business/Organization Name</b>	
<b>Website/Social Media Link</b>	
<b>Business Location</b>	
<b>Point of Contact</b>	
<b>Name</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Business Description</b>	
<b>Donation Type/Amount</b>	
<b>Receipt Delivery Method</b> (Monetary Donations Only)	
<b>Volunteer Info</b>	
Please complete below if representatives from your business will also volunteer for the event.	
<b># of Volunteers</b>	
<b>Names and T-shirt Sizes</b>	



## LIABILITY RELEASE & WAIVER AGREEMENT

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

### Presenter - Presenter - Vendor Information:

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### 1. Assumption of Risk

The Presenter - Vendor acknowledges and understands that participating in the Event involves potential risks, including but not limited to property damage, personal injury, and loss. The Presenter - Vendor voluntarily assumes all such risks.

### 2. Release of Liability

The Presenter - Vendor, on behalf of itself, its employees, agents, representatives, and assigns, hereby releases, waives, discharges, and covenants not to sue the Event organizers, sponsors, officers, employees, volunteers, and agents (collectively, the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Presenter - Vendor or its property while participating in the Event.

### 3. Indemnification

The Presenter - Vendor agrees to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, liabilities, losses, damages, costs, and expenses (including reasonable attorneys' fees) arising out of or related to the Presenter - Vendor's participation in the Event, including but not limited to claims arising from the Presenter - Vendor's products, services, or conduct.

#### **4. Compliance with Rules and Regulations**

The Presenter - Vendor agrees to comply with all Event rules, regulations, and guidelines, as well as all applicable local, state, and federal laws. The Presenter - Vendor acknowledges that failure to comply may result in removal from the Event without refund or recourse

#### **5. Insurance**

The Presenter - Vendor understands that it is solely responsible for maintaining its own insurance coverage, including but not limited to general liability, product liability, and workers' compensation insurance. The Presenter - Vendor shall provide proof of insurance upon request.

#### **6. Property Damage**

The Presenter - Vendor acknowledges that it is responsible for any damage caused to the Event venue, its property, or the property of other Presenter - Vendors and attendees, arising out of or related to the Presenter - Vendor's participation in the Event.

#### **7. Health and Safety**

The Presenter - Vendor agrees to adhere to all health and safety guidelines and protocols implemented by the Event organizers, including those related to public health concerns.

#### **Acknowledgment of Understanding**

The Presenter - Vendor acknowledges that it has read this Liability Waiver and Release Agreement, fully understands its terms, and understands that it is giving up substantial rights, including the right to sue. The Presenter - Vendor acknowledges that it is signing this agreement freely and voluntarily, and intends by its signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in Georgia.

**Presenter - Vendor Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_