

PLEASE READ FULL DOCUMENT

These rules are for your protection, your customer's protection, and for protection of the OFB Committee; they also help to maintain the standards and quality of the show. PLEASE READ THEM CAREFULLY, before the show, to be certain that your booth is in compliance and to avoid any misunderstandings.

1. \$35 Non-Refundable Vendor fee, payable by check or PayPal, 10'x10' space, without power. Additional \$35 fee, per booth. Event will be located at Fort Boise Park in Parma, ID.

2. Vendors must supply their own materials for each space (i.e. power cords, tables, canopies, etc). All power cords must be grounded with no exposed wires.

5. Vendor space will be assigned upon arrival. All changes must be approved.

6. Booth set up time: Saturday June 8, 7:00 am

7. Exhibitors are to ensure that their display is completely set up and ready to sell when show opens at 11 am June 8, 2024 All exhibitors must contain their displays, their work, and their storage boxes within the prescribed dimensions of the booth space(s).

8. Exhibitors are expected to keep their items neatly displayed at all times, and to be at their booth during the hours the show is open.

9. Craft show is family friendly. Smoking, drinking and loud music are not permitted in the exhibition areas.

10. Exhibitors shall not disassemble, pack up or remove any part of their display prior to the official closing time.

11. Good behavior and consideration of other crafters, and the general public, is expected. All booth areas must be clean before Vendors exit the area.

I have read and agree to the terms above. I agree to comply with all State and District health regulations, and will permit access, at all times, to the OFB Committee for the purpose of inspection. All decisions of the OFB Committee are final. Failure to comply with any of the above terms could result in being asked to vacate the area and forfeiture of any and all fees that I have paid.

OLD FORT BOISE DAYS Application and Information

NOTE: CRAFT FAIR is Saturday June 8, 11am-5pm

CONTACTS: oldfortboisedays@gmail.com

Booth/GroupName: _____

Contact Name: _____

Address: _____

Phone: _____ **Email:** _____

Booth/Unit size: _____

Craft/Product description: _____

State Tax ID #: _____

Please return completed Vendor Application, signed Waiver of Liability-Rules and Requirements to: Old Fort Boise Days

PO box 421

Parma ID 83660 oldfortboisedays@gmail.com

Visit www.oldfortboisedays.com to pay via paypal

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for participation in Old Fort Boise Days Craft Fair, the Vendor hereby releases, waives, discharges and covenants not to sue Old Fort Boise Days, Parma Lion's Club, Parma School District, its agents, volunteers, or officers from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of, or related to, any loss, damage, or injury that may be sustained by the Vendor, or any of the property belonging to the Vendor, whether caused by the negligence of the Vendor/Releaser, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted. I am fully aware of any risks or hazards that may be connected with the Craft Fair and I hereby elect to voluntarily participate in the Craft Fair. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in the Craft Fair, whether by the negligence of Vendor/Releaser or otherwise.

I further hereby agree to indemnify and hold harmless Old Fort Boise Days, its agents, volunteers and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in the Craft Fair, whether by my negligence or otherwise.

I understand that Old Fort Boise Days does not provide security personnel or insurance coverage for Vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my own insurance portfolio.

DATE: _____

NAME OF BUSINESS: _____

SIGNATURE _____