



262 Sprague Street
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FLEA MARKET AT THE FAIR
Vendor Sign-Up Form
May 8th 9AM-4PM
Vendor Set Up 7:30AM- 9AM

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Preferred Method of Contact _____

Type of Items Being Sold: _____

I would like to reserve a (select option(s) below)

☐

\$40 10x10 Space

☐

\$60 16x16 Space

Total Amount Due: _____

Vendors will be responsible for any tables, chairs, tents and clean-up of their designated areas.

Social Distancing and Mask Requirements Will Be Enforced

THANK YOU FOR YOUR SUPPORT & WE WILL SEE YOU AT OUR EVENT!

Office Use Only:

Method of Payment- Check # _____ Cash _____ Date _____
Checks Payable to- Branch County Fair

This property is privately owned and operated by a nonprofit 501c-3 organization. It receives no operational funding, from outside resources. The Branch County Fair is solely funded and operated by events, rents, volunteers, sponsorships and donors. Thank you, for your support.

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions to which The Branch County Fair Association. (the "Organization") agrees to comply.

In consideration of my participation in leasing the premises, the undersigned acknowledges and agrees to the following:

1. I am aware of the existence of the risk of my physical appearance at the premises that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19, or other related medical conditions, or may affect or worsen currently existing medical conditions, that may lead to paralysis or death.
2. I have not, nor has any member of my household, experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
3. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
4. I did not, nor did any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.
5. I have not, nor have any member(s) of my household, been diagnosed to be infected of COVID-19 virus within the last 30 days.
6. I am fully and personally responsible for my own safety and actions while and during my use of the premises and I recognize that I may be at risk of contracting COVID-19, or having pre-existing medical conditions affected by COVID-19.
7. I am fully aware that I may have guests or invitees who will be using the leased premises, who do not meet the criteria in paragraphs 1-5 above. I agree to use mt best efforts to exclude any guest or invitee that might not meet the criteria in paragraphs 1-5.
8. I am fully and personally responsible for the safety and actions of my guests and invitees while and during my use of the premises and I recognize that I, and they, may be at risk of contracting COVID-19, or having pre-existing medical conditions affected by COVID-19.

With full knowledge of the risks involved, I, on my behalf, hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me, my

household, or any guests or invitees invited by me to visit the premises during my usage, related to COVID-19, or pre-existing medical conditions affected by COVID-19, while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Further, I hereby release, waive and discharge the Organization, its board, officers, affiliates, employees, successors and assigns from any liability for those members of my household who are under any disability, are minors, or guests, and assume all liability related thereto.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Name: _____

Phone number: _____

Signature: _____

Date: _____