



VENDOR REQUEST FORM

Date: Saturday, May 4th, 2019 Time: 1:00 pm – 5:00 pm

Vendor Setup: May 4th, 2019 @ 9:30 am – 12:30 pm

Name of Business/Organization: _____

Contact Person(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Email: _____

General description of service, goods or advertisement:

All vendors are responsible for providing all the materials needed for the set-up and operation of their booths. (Tables ,chairs, tent equipment, signs, etc.) You will be notified of your assigned area during registration at the check in station. If special provisions are necessary, please note:

Waiver of Liability Agreement: I understand that neither the Alliance for A Healthier Asbury Park, AP ALIVE!, EZ Ride nor any private party is responsible for any accident or injury that may occur during the Asbury Park ALIVE! Event. Liability Insurance is required. Please have the Alliance for a Healthier Asbury Park named as additionally insured and provide a copy of the certificate 72 hours prior to the event.

Organization/Business Representative

Date



WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in Alliance For A Healthier Asbury Park's 1st Annual Asbury Park ALIVE! (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Alliance For A Healthier Asbury Park, located at P.O. Box 1045, Asbury Park, NJ 07712, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I am voluntarily participating in the aforementioned activity and I am participating in the activity entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in the 1st Annual Blue Bishop Community Outreach Day, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I understand that these injuries or outcomes may arise from my own or others negligence, conditions related to travel or the condition of the activity location. Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during the activity.

I agree to indemnify and hold harmless Alliance For A Healthier Asbury Park against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Alliance for a Healthier Asbury Park incurs any of these types of expenses, I agree to reimburse Alliance for a Healthier Asbury Park.

I acknowledge that and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Alliance For A Healthier Asbury Park.

I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it is a release of liability. I expressly agree to release and Alliance For A Healthier Asbury Park and all of its affiliates, managers, members, agents, attorneys, staff, volunteers, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Alliance For A Healthier Asbury Park for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Alliance for a Healthier Asbury Park, its agents, and employees. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of me or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

Terms and Conditions

- ❖ The Asbury Park ALIVE! event will be held on May 04, 2019 from 1:00 pm - 5:00 pm.
- ❖ Set-up will start at 9:00 am. All set-up must be completed by 12:30 pm, as the event will start at 1:00 pm (promptly).
- ❖ Reservations are made on a space availability basis, and are first-come, first-served. We reserve the right to place each provider's display space at our discretion.
- ❖ All service providers must supply their own table & chairs (no more than two chairs per table).
- ❖ Offering/displaying of items or services is to take place in designated spaces only.
- ❖ NO SALES OF ANY KIND ARE PERMITTED. All items and services must be free.
- ❖ Space size varies by location, but is approximately 8'x8'.
- ❖ All providers must comply with Alliance for a Healthier Asbury Park & the City of Asbury Park's policies and procedures.
- ❖ Services provided must conform to all applicable local, state, and federal laws and/or regulations.
- ❖ Vendors are responsible for removal of any setups and/or material at the conclusion of the event.
- ❖ Electrical outlets will not be available. No extension cords are provided.
- ❖ Each organization/agency hosting a table is asked to donate at least one (1) case of water, a healthy snack and/or giveaways (such as stress balls, school supplies, etc.) for the duration of the event.
- ❖ The Waiver of Liability must be submitted with Resource Table Request.
- ❖ When checking in, please bring your business card to the check-in table.

The submission deadline for participation in the May 04, 2019 event will be April 13, 2019.

The Resource Table Request and Waiver of Liability must be sent via mail or e-mail to:

Ms. Nina Marie Summerlin

Project Director

Alliance for a Healthier Asbury Park

P. O. Box 1045

Asbury Park, NJ 07712

Ninas.apalive@gmail.com

(732) 898-1970

Thank you for your continued support.