



**Exhibitor Application and Regulations**  
**Saturday, October 15, 2016**

**PLEASE READ AND COMPLETE BOTH PAGES**

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

Organization/Agency: \_\_\_\_\_

Name of Program (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_

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

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

\_\_\_\_\_ Yes, I will be bringing my own canopy \_\_\_\_\_ No, I need to be provided a canopy

Please check one:

Non-profit  
(\$40)

Government Organization  
(\$60)

Private or Commercial Organization  
(\$75)

(Please attach 501(c)(3) non-profit status)

**Please describe your exhibit** (Does your display require any special arrangements, electrical needs, wheelchair, etc.?)

**Will you be providing health screenings? If yes, what type(s) of health screenings?**

**INSURANCE REQUIREMENTS**

Vendors shall provide Certificate of Insurance evidencing Comprehensive General or Comprehensive Personal Liability coverage for a minimum of \$1,000,000 per occurrence or \$2,000,000 aggregate naming the County of Alameda as additional insured. The following statement must appear on the certificate: *Additional Insured Endorsement names the County of Alameda, the Hayward Area Recreation District, and the San Lorenzo Unified School District and their officers, employees, and agents are included as additional insured.*

**APPLICATION CONTINUES ON NEXT PAGE**

**RULES AND REGULATIONS**

As a participant in the Ashland/Cherryland FamFest, I understand the following regulations and agree to comply with them.

1. The Ashland Cherryland FamFest is a rain or shine event! The Festival will be held regardless of the weather. There will be no refunds.
2. Exhibitors, their staff, and agents must comply with all policies, rules, and regulations, including those pertinent to health, fire prevention, and public safety. Failure to comply may result in removal from the event without a refund.
3. The Ashland Cherryland Healthy Communities Collaborative and Alameda County reserve the right to decline or prohibit any exhibit or part of an exhibit which, in its opinion, is not suitable to and in keeping with the character of the event. If asked, any vendor or exhibit may be removed from the event in the event of inappropriate behavior not in keeping with the character of the event.
4. Private or commercial organizations may be required to submit additional information on products and/or services before being approved to exhibit.
5. The Ashland Cherryland Healthy Communities Collaborative and Alameda County reserve the right to deny any request for any reason. Exhibitor space requests are not guaranteed and assignments will be made by Festival staff. Duplicate businesses may be admitted based on Festival needs and size. Exclusivity may be extended at the Festival’s discretion.
6. Exhibitor agrees to allow the County of Alameda to take photos of the booth and product during the event for no additional compensation. Photos taken may be used in County of Alameda promotions.
7. Exhibitors will be responsible for set-up and clean-up of all booths, displays, and equipment.
8. All displays, merchandise, equipment, and staff must be contained within the assigned booth space. No amplified music, walkway solicitation or “barking” is allowed.
9. Walking the grounds to sell merchandise is not permitted.
10. Vendor must obtain written permission from the County prior to using the County of Alameda logo or any logo from the County of Alameda website in connection with their business.
11. Booth space must be occupied as assigned, and Exhibitors are required to operate the entire time that FamFest is open from 9:00 a.m. to 2:00 p.m. Booth space must be vacated and equipment removed no later than 3:00 p.m.
12. Exhibitor may not sublet or apportion booth space to anyone else without permission from the event director.
13. Exhibitor meets insurance requirements and will submit insurance certificate for review.

**I have read the above rules and regulations for the Ashland Cherryland FamFest 2016 and I agree to comply with all conditions set forth.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER, RELEASE AND INDEMNIFICATION– PLEASE READ AND SIGN**

By submitting this registration form, the registering agency or entity (hereinafter “Registrant”) agrees to assume all risks attendant to participation in Ashland/Cherryland FamFest and releases, waives and forever discharges the Ashland Cherryland Healthy Communities Collaborative, the County of Alameda, and their officers, employees, and agents from any and all liability or responsibility for injuries or property damage that may occur during the FamFest, excluding any liability or responsibility for injury or property damage caused by the negligence or willful misconduct of Ashland Cherryland Healthy Communities Collaborative, the County of Alameda, and their officers, employees, and agents. The Registrant, in consideration of participation in this event and the use of the County’s facilities and premises, and to the maximum extent permitted by law, shall, at his/her own expense, indemnify and defend, and hold harmless the Ashland Cherryland Healthy Communities Collaborative and the County of Alameda, and their officers, employees and agents, from and against any and all liability, loss, damage, claims, suits, and actions of every nature, whether actual, alleged or threatened, including any injury to person or property, arising out of, or in any way connected with the Registrant’s participation in this event (FamFest) except for liability arising by reason of the sole negligence or willful misconduct of the Ashland Cherryland Healthy Communities Collaborative, the County of Alameda, or their officers, employees or agents.

By signing this form, Registrant declares he/she has read the event application, information, and regulations and agrees to comply with all rules, regulations, and conditions therein.

**I have read the above and voluntarily sign this waiver and release and indemnity agreement. I have full legal authority to complete this registration form and waiver/release on behalf of the above-named organization.**

Signature \_\_\_\_\_ Date \_\_\_\_\_