

**Auburn Parks, Arts & Recreation | HALLOWEEN HARVEST FESTIVAL 2024 | FOOD VENDOR APPLICATION |
EVENT DATE SATURDAY, OCTOBER 28, 1-5PM | APPLICATION DEADLINE: OCTOBER 1, 2024**

| | | |
|---|------------------|---------------------|
| Contact Name: | | |
| Business Name: | | |
| Have you participated in Halloween Harvest before? <input type="checkbox"/> Yes / <input type="checkbox"/> No | | If yes, what years? |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Alternate Phone: | |
| Email: | Website: | |
| NUMBER OF BOOTHS (choose one) <input type="checkbox"/> One Booth - \$100 <input type="checkbox"/> Two Booths - \$200 <input type="checkbox"/> Three Booths - \$300 | | Total: |
| Describe any special set-up or space requirements: | | |

MENU ITEMS Please include a complete list of menu items that you plan to sell. We will not duplicate major food items in the park at the event. (Attach additional items on a separate piece of paper if necessary):

| | | | |
|----|----|----|----|
| 1. | \$ | 5. | \$ |
| 2. | \$ | 6. | \$ |
| 3. | \$ | 7. | \$ |
| 4. | \$ | 8. | \$ |

| PAYMENT INFORMATION (Total \$ _____) | | |
|--------------------------------------|---|--|
| METHOD OF PAYMENT (check one) | <input type="checkbox"/> Check enclosed (Payable to Auburn Parks, Arts & Recreation) | <input type="checkbox"/> Credit Card (fill in information below) |
| Cardholder Name (please print) | Card Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover | |
| Card Number | 3-Digit Security Code | Exp. Date |
| Cardholder Signature | Date | |

INSURANCE – The City does not maintain insurance that will respond to claims against the applicant arising out of the use of the booth by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain bodily injury and property damages liability insurance in accordance with City policy, name the City as an additional insured on the policy, and be responsible for obtaining said insurance. After reviewing this application, the City will determine whether you must obtain liability insurance.

RELEASE – The Applicant is fully aware that there are special dangers and risks inherent in this activity, including, but not limited to, serious physical injury, death or other harmful consequences, that may arise directly or indirectly from participation in this activity and harm the Applicant listed above or its individual members. Being informed of these risks and in consideration of being allowed to participate, we assume all risk of injury, damage, and harm to any member arising from participation. The Applicant agrees to indemnify, defend, and hold harmless the City, its officials, employees, volunteers, and agents from all causes of action, claims, and fees arising from its participation, except those arising from the City's sole negligence, and waive any right of recovery against the City for personal injury, death or other consequences occurring from participation in this activity. I agree that I have authority to enter into this agreement for the Applicant. I also agree I have read and agree to the conditions outlined in the "Selection Criteria and Booth Information" on the reverse side of this application.

COVID-19 WAIVER LANGUAGE - 1. I agree that I and/or persons in my family involved in any way in the Program will fully comply with all federal, state, county and City ordinances, codes, rules, regulations, executive and/or emergency orders, and to strictly follow the protocols as directed by the Centers for Disease Control and Prevention, the United States Department of Labor Division of Occupational Safety and/or the Washington State Department of Health Services, arising from, addressing, or related to COVID-19 and/or any other threats to public health. 2. agree that effective physical distancing and proper hygiene can be only be accomplished through personal responsibility and it is each person's individual duty to protect themselves, their families and the community, and doing so is the sole responsibility of myself, Participant (if other than me), the other participants, and the other parties involved in the Program, not the responsibility of the City. 3. By signing this agreement, I acknowledge the contagious nature of COVID-19 and the risk that my child or children and I may be exposed to or infected by COVID-19 by attending City of Auburn activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at City of Auburn activities may result from the actions, omissions, or negligence of myself and others, including but not limited to City of Auburn employees, volunteers, and program participants and their families. 4. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or children or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my child or children's attendance at City of Auburn activities or programming. On my behalf and on behalf of my child or children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City of Auburn, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City of Auburn, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Auburn program.

Signature: _____ Date: _____

PHOTOCOPY FOR YOUR RECORDS AND RETURN ORIGINAL FORM BY OCTOBER 1, 2024 TO:
 Auburn Parks, Arts & Recreation Department – Halloween Harvest Festival 2024 • 910 9th Street SE • Auburn WA 98002
 Fax: 253-931-4005 • Email: klange@auburnwa.gov • For more information, call 253-931-3043