



TOWN OF LAKE PARK

SPECIAL EVENT VENDOR RELEASE FORM

EVENT NAME _____ LOCATION _____ EVENT DATE _____

BOOTH SIZE: (10'x10') _____ COST \$ _____ X NO. OF BOOTHS REQ. _____ TOTAL COST \$ _____

NAME OF VENDOR LIABILITY INSURANCE _____ ON FILE - YES ___ / NO ___

GAME, RIDE OR PRODUCT LIC. _____ BUSINESS TAX RECEIPT NO. _____

VENDOR NAME _____

BUSINESS NAME (if different) _____

PRIMARY ADDRESS: _____

STREET _____ CITY _____ STATE/ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____

TELEPHONE _____ CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME (PHONE/RELATIONSHIP) _____

WAIVER AND RELEASE

I recognize there are inherent risks in all special events and/or programs and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I may sustain as a result of participating in any and all activities connected with or associated with such special events/program(s). I agree to waive and relinquish all claims I may have as a result of participating in the special event/program, against the Town of Lake Park (or Town of Lake Park CRA), it's elected and appointed officials, employees, volunteers, consultants, and agents. I do hereby fully release and discharge the Town (or Town of Lake Park CRA) and their officers, agents, servants and employees from any and all claims from injuries, damages or loss which I may have or accrue to arising out of, connected with, or in any way associated with the activities. In the event of any emergency, I authorize Town officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. Online and fax waiver signatures received for special events/program applications forms are considered as good as an original document for legal purposes. I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment and execute this waiver and with all releases voluntarily.

SET-UP AND BREAKDOWN

Set-up will be for two hours prior to start time on the day of the special event/program. Vendors are not permitted to breakdown until the special event/program ends, unless otherwise permitted by the authorized employee of The Town of Lake Park. All tables, chairs, tents, extension cords, etc. are to be furnished by the vendor. Electricity or water may be provided at some sites by advanced arrangement, but must be requested 2 weeks in advance of the Special event/program. Town Code governs all set up, layout and installations and is strictly enforced. **All booth sites must be cleaned up of trash and personal items after every event or vendor may not be asked back in the future.**

COMPLETED APPLICATION (Food & consumables vendors must attach menu or product list)

Any dollars due (including tax) are payable to: **Town of Lake Park**, 535 Park Avenue, Lake Park, FL 33403. Payments should be received in our office 10 business days prior to the event. This payment will serve as deposit for a vendor's site. I understand this deposit check is a non-refundable fee, unless the City cancels special event/program or the vendor cancels application in writing 30 days prior to event. Money orders, cashier's check or personal checks for payments are only accepted within 30 days of event. There is a minimum \$30.00 additional charge for any NSF or returned check.

Signature: _____ Date: _____

Print Name: _____

Town of Lake Park, 535 Park Avenue, Lake Park, FL 33403

Application may be faxed to 561-881-3314. All payments must be received before your application will be considered. Checks should be payable to the "Town of Lake Park." We can accept credit and debit cards. Call 561-881-3338 for additional event information and questions, or visit our town website at: www.lakeparkflorida.gov

FOR OFFICE USE ONLY:

Payment Amount: \$ _____ Plus 6% tax _____ = Total Due _____
 Check No. _____ Money Order No. _____ Vendor Location at Event _____
 Town Employee Initials _____ Date Received _____ Receipt No. _____
 Town Notes _____