

**Locust Grove Area Chamber of Commerce Sponsored
FALL FEST PARTICIPATION ENTRY FORM
FRIDAY, OCTOBER 14, 2022 (11AM – 6PM)
& SATURDAY, OCTOBER 15, 2022 (9AM – 4PM)**

Contact Person: Adele Collette 918-530-8132 or JunkJustified@yahoo.com

This is our 3rd Annual Fall Fest. Last year we had an amazing turn out, and hope to have another this year. Along with the Craft show we will have a Car show, Cornhole tournament, chili cook off and Pie contest during the Fall Fest. Check the event you wish to enter, fill out the information and sign the bottom. We need everyone that is participating to fill out this form. Vendor set up will be Thursday, October 13th from 1pm to 6pm and Friday, October 14th from 8am to 9am.

Name of Organization/Vendor: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Email: _____

Vendor Spaces, Check all of the following that apply to you or your group:

- | | |
|--|--|
| <input type="checkbox"/> \$40.00 10x10 (limited 10x10 spaces) | <input type="checkbox"/> Electric (limited) |
| <input type="checkbox"/> \$30.00 8x8 | <input type="checkbox"/> \$25.00 8x6 |
| <input type="checkbox"/> \$20.00 8 foot table | <input type="checkbox"/> \$ 50.00 Food truck/trailer |
| <input type="checkbox"/> \$20.00 Outside area (not secure overnight) | |

Describe what you will be selling/providing to the public _____

_____ Chili Cookoff _____ Pie Contest

Mail this form and the Release and Indemnification form along with payment to: Locust Grove Area Chamber of Commerce P.O. Box 525 Locust Grove, OK 74352. You may pay online with the PayPal button, however, You must still send in the forms. **The Fall Fest Committee reserves the right to accept or deny any application.**

I agree to release and hold harmless the management or any of its members or agents, and/or the owners or managers of the grounds or location where this event is held from any loss, damage or injury resulting from participation of above entry in this event. My signature on this application agreement confirms my understanding of the rules and liabilities. (If participant is under 18 years of age, a parent or guardian must also sign.

Signature: _____ Date: _____

FALL FEST Vendor/Participation Form RELEASE AND INDEMNIFICATION

Dear Participant: This page must be signed and returned with your registration application. Failure to do so will result in an incomplete application and you will not be allowed to set up your booth (vendor) until all paperwork is completed.

I, (name) _____, with
_____ (business name), hereby agree that I will not be selling any items that will create a mess or release an offensive odor, like cap guns, spray paint, smoke bombs, flatulent bags, shock toys, etc., and fireworks. If these items or similar items are found in my booth, I will be asked to leave the area immediately and I will not be refunded any monies.

Signature: _____ Date _____

The Locust Grove OK Area Chamber of Commerce reserves the right to cancel or re-schedule Fall Fest due to inclement weather, or for any reason that would jeopardize the health and safety of the public.

INDEMNIFICATION AGREEMENT

I/we understand that participation in the Locust Grove OK Area Chamber of Commerce Fall Fest is accompanied by certain risks. In consideration for being allowed to participate in this event, I/we assume the responsibility inherent in these risks. I/we further waive all claims and release the Town of Locust Grove and the Locust Grove OK Area Chamber of Commerce, and all other entities and persons participating in, directing or sponsoring this event, from any and all liability arising from my/our participation in the activities of any/all activities of the Locust Grove OK Area Chamber of Commerce.

The Chamber of Commerce does not carry insurance to cover your personal property or liability. As an independent contractor, you are advised to obtain your own insurance.

I understand that failure to pay any or part of the required sales taxes will result in violation of the Oklahoma state tax laws.

Name of Participant _____ Age _____

Signature _____ Date _____

Parent or Guardian _____