

Statement of Agreement:

CITY OF GERVAIS

592 Fourth Street/PO Box 329, Gervais, Oregon 97026-0329 503-792-4900 Administration Office; 503-792-3791 Fax Text Tel. (TTY) 1-800-735-2900 Spanish (TTY/V) 1-800-735-3896

Vendor Application and Waiver

NAME OF APPLICANT:	
NAME OF BUSINESS/ORGANIZATION:	
ADDRESS:	
	EMAIL:
Vendor Sales/Activity:	
Will you need electricity? (\$10 extra fee)	
Vendor Food Handling License Number	
Name of event:	
Event date:	
Registration Fee: \$25.00	

I, the undersigned, as a registered participant/vendor in the Gervais 4th of July Celebration have read and understand the contents and nature of this agreement. I acknowledge participation in this may expose me, other members of my group, and volunteers to a variety of hazards. Dependent upon the nature of the performance, the risk of injury attendant with the performance, whether foreseen or unforeseen, cannot be eliminated due to the nature of the performance. I am trained for the type of services to be provided and agree to assume full responsibility for my own safety, and the safety of other members of my group.

By signing this release form, I agree to waive and forever discharge any and all claims and to hold harmless The City of Gervais, its Officers, Employees, Volunteers, and Agents from any claim for injury or damages, arising from the sole or joint negligence of the vendor or participant. I agree that I am fully responsible for the payment of applicable insurance premiums, deductibles, claim costs, and all costs resulting from the rendering of medical aid and ambulance services, and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

(continued on back)

The City of Gervais is an Equal Opportunity Provider and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, DC 20250If you would like to participate, complete the registration form and waiver. We must have your proof of insurance listing The City of Gervais, its Officers, Employees, Volunteers, and Agents as Additional Insureds (see sample certificate below) with at least a \$1,000,000 limit for general liability, a copy of your food handler's card (as applicable), and your registration fee.

COVID-19 Liability. I understand the hazards of COVID-19 and am familiar with the Centers for Disease Control Prevention ("CDC") guidelines; and federal, state, and local orders regarding COVID-19. I acknowledge that I understand the circumstances regarding COVID-19 and I will take all necessary precautions as provided by the CDC and federal, state, and local governments. I shall indemnify, defend, and hold harmless the City from and against any and all claims, demands, lawsuits, judgments, losses, or expenses of any nature arising out of failure to follow the CDC, federal, state, or local orders or guidance regarding COVID-19 and that leads to, directly or indirectly, the infection of COVID-19 or any other illness or injury related to COVID-19.

This agreement is intended to be as broad and inclusive as is permitted by law. I am authorized to bind this agreement on behalf of the vendor or participant and I have read this agreement in its entirety, understand this agreement, and I freely and voluntarily assume all risks and responsibilities associated therewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions. By signing below, I agree that I understand and consent to this statement.

APPLICANT/VENDOR SIGNATURE	DATE	
	For City Use Only	
Vendor Fee Collected (\$25.00/\$35.00):	Cash or Check #:	
Date:	Clerk:	

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	s additional insured as respects 40	h of July (event name)			
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By. Signature Here		Here		Date:	Date: 4/14/2022