

# 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: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ 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

### Statement of Agreement:

I, the undersigned, as a registered participant/vendor in the Gervais 4<sup>th</sup> 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 20250-9410**

If 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:

CERTIFICATE OF COVERAGE						
This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. The certificate does not amend, extend or alter the coverage afforded by the coverage documents listed herein.		 citycounty insurance services citycounty.org				
Named Member or Participant: Companies Affording Coverage COMPANY A - CS COMPANY B - National Union Fire Insurance Company of Pitts, PA COMPANY C - RSUI Indemnity COMPANY D - Federal Insurance Company						
LINES OF COVERAGE						
This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued for any period, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of each coverage document.						
Type of Coverage	Company Letter	Certificate Number	Effective Date	Termination Date	Coverage	Limit
X General Liability	A	21LGRV	7/1/2021	7/1/2022	General Aggregate Each Occurrence	\$15,000,000 \$5,000,000
X Commercial General Liability						
X Public Officers Liability						
X Corporate Practices						
X Occupancy						
X Auto Liability	A	21LGRV	7/1/2021	7/1/2022	General Aggregate Each Occurrence	None \$3,000,000
X Spreadsheets/Forms						
X Hired Autos						
X Non-Owned Autos						
X Auto Physical Damage	A/C	21APQGRV	7/1/2021	7/1/2022		
X Spreadsheets/Forms						
X Hired Autos						
X Non-Owned Autos						
X Property	A/C	21PGRV	7/1/2021	7/1/2022		Per Filed Values
X Boiler and Machinery	D	21BGRV	7/1/2021	7/1/2022		Per Filed Values
X Excess Liability						
X Excess Crime	B	21EGRV	7/1/2021	7/1/2022	Per Loss	\$250,000
X Excess Earthquakes						
X Excess Flood						
X Excess Cyber Liability						
Difference in Conditions						
Description:	City of Gervais is listed as additional insured as respects 4th of July (event name)					
Certificate Holder:	CANCELLATION: Should any of the coverage documents herein be cancelled before the expiration date listed, CIS will provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CIS, its agents or representatives, or the issuer of this certificate.					
By:	Signature Here					Date: 4/14/2022