

Release of Liability Form

Event: Filer Fun Days 2024

Date:

I, Vendor Name, representing Business Name, hereby acknowledge and agree to the following terms and conditions in consideration of being allowed to participate as a vendor at the Filer Fun Days event:

Assumption of Risk: I understand and acknowledge that participating in the event involves certain risks, including but not limited to, risks associated with setting up and operating my booth, interactions with event attendees, and any activities or conditions at the event location.

Release and Waiver: I hereby release, waive, and discharge the Filer Events Committee, its members, volunteers, sponsors, and affiliates (collectively referred to as "Organizers") from any and all claims, demands, damages, liabilities, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, my employees, representatives, or property, while participating in the event.

Indemnification: I agree to indemnify and hold harmless the Organizers from and against any and all liabilities, claims, demands, damages, expenses, losses, or actions arising out of or related to my participation in the event, including but not limited to, claims of negligence, injury, or property damage.

Compliance with Laws and Regulations: I agree to comply with all applicable laws, regulations, and guidelines set forth by the Filer Events Committee and local authorities while participating in the event. This includes, but is not limited to, providing state tax forms and health permits as required by law.

State Tax Forms and Health Permits: As a vendor, it is my responsibility to provide the necessary state tax forms and health permits required to operate my business at the event. I understand that failure to provide these documents may result in denial of participation or removal from the event.

Insurance: I understand that the Organizers do not provide insurance coverage for my participation in the event and acknowledge that it is my responsibility to obtain adequate insurance coverage for myself, my employees, and my property.

Governing Law: This Release of Liability shall be governed by and construed in accordance with the laws of the state of Idaho.

I have read this Release of Liability form and fully understand its contents. I voluntarily agree to its terms and conditions.

Vendor Name: _____

Business Name: _____

Signature: _____

Date: _____