

**Celebrate, Commemorate Memorial Day**  
**23rd Annual Arts, Crafts and Vendors Show!**

**May 28 & 29, 2022**

**Lafayette Park, Rtes. 5 & 20 Waterloo, NY**

**Vendor Application**

Deadline is May 1, 2022

**For more event info: [www.waterloony.com](http://www.waterloony.com)**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Provide a brief description of your product(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Fees:

Reserve \_\_\_\_\_ 10' x 10' space at \$100.00/each \$ \_\_\_\_\_

I require electric at my booth(s) at \$10.00 each. Electric Requirements: Size: \_\_\_\_ AMPS: \_\_\_\_ \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

MAKE CHECKS PAYABLE AND MAIL TO CELEBRATE COMMEMORATE, P.O. BOX 382 WATERLOO, NY 13165

I have read and agree to the show rules and regulations

\_\_\_\_\_

Signature

Date

**RETURN THIS FORM WITH PAYMENT**

**MAKE CHECKS PAYABLE AND MAIL TO CELEBRATE COMMEMORATE, P.O. BOX 382 WATERLOO, NY 13165**

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**Covid Waiver**

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Celebrate Commemorate has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Celebrate Commemorate does not guarantee that I will not become infected with Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, volunteers, staff, visitors, and vendors.

I acknowledge that I am increasing my risk of exposure to Coronavirus/COVID-19. **I acknowledge that I must comply with all set procedures for this event to reduce the spread while attending.**

I understand that I cannot participate if:

- \* I am experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* I have traveled internationally within the last 14 days.
- \* I have traveled to a highly impacted area within the United States of America in the last 14 days.
- \* I believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- \* I have been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

I hereby release and agree to hold Celebrate Commemorate harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with Celebrate Commemorate. I understand that this release discharges Celebrate Commemorate from any liability or claim that I, my heirs, or any personal representatives may have with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to participation in this event. This liability waiver and release extends to Celebrate Commemorate together with all owners, partners, and employees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM ALONG WITH APPLICATION AND PAYMENT**