

28th Annual Ada Area Chamber of Commerce
Harvest & Herb Festival
BOOTH APPLICATION
Saturday, September 21, 2013
Must Be Returned by May 1, 2013 To Reserve Same Spot

Group/Organization/Person in Charge: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Items Selling: _____

E-mail Address: _____

Date Reserved: September 21, 2013 Hours: 9:00 a.m. to 4:00 p.m.

The Harvest & Herb Festival committee reserves the right to deny use of booth areas and/or facilities to groups/organizations and individuals who fail to comply with the rules and regulations set forth.

It is understood that the Group/Organization/Individual using the above designated facility will comply with all applicable state and local laws and all the rules and regulations set forth. In addition, the Group/Organization/Individual will:

- Be responsible for all persons in the group or organization using the facility.
- Assume responsibility for any damage to the facility.
- Provide proof of liability insurance.
- Observe all posted rules.
- Not allow the consumption of alcoholic beverages.

The following rental charges for each booth area:

Standard Booth - 12' wide x 8' deep
\$35.00

Standard Booth with Electric (LIMITED)
\$50.00

Fee Paid: _____

Please make check out to the ADA AREA CHAMBER OF COMMERCE and send to:
Scott & Arlene Allison
307 Grandview Blvd
Ada, OH 45810
(419)634-1144

I have read and understand the policies and requirements and agree to comply with the same.

For and in consideration of the permission given to use the above described facility, I, the undersigned, acquit, discharge and covenant to hold harmless, The Village of Ada, and the Ada Chamber – its officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands for damages, costs, loss of services, expenses and compensation, on or account of, or in any way growing out of, any and all personal injury or property damage which may result to group/organization members or individuals as a result of participation in the afore mentioned activity at the above described facility.

Date

Signature of Person Responsible