

The Hospice Craft & Gift Show Application Form Saturday, November 15th, 2014

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| Name: | Company/Distributorships: |
| Address: | City: |
| Province: | Postal Code: |
| Phone: | Mobile: |
| Email: | Fax: |

PLEASE LIST ITEMS TO BE SOLD AS WELL AS RANGE OF PRICES :

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EVENT CHARGES

| | | COST | No | COST OF SPACE(S) | DEPOSIT (If applicable) |
|-------------------|---|-------|----|------------------|-------------------------|
| Option A | Vendor Table (6') - (No skirt or table covering included.) Paid in Full before Oct. 17, 2014 | \$100 | | | N/A |
| Option B | Vendor Table (6') - (No skirt or table covering included.) With Deposit/After Oct. 17, 2014 | \$110 | | | |
| | Electrical Hook-up - These are limited and reserved on a first come first served basis. | \$ 10 | | | N/A |
| TOTAL COST | | | | | |

METHOD OF PAYMENT

All payments must be received to secure table

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|--|-------------------------------------|-------------------------------|
| Cheque payable to Doane House Hospice <input type="checkbox"/> | MasterCard <input type="checkbox"/> | Visa <input type="checkbox"/> |
| Credit Card No.: | Expiry Date: | |
| Authorized Signature: _____ | | |

I/We hereby apply for exhibit space for the Hospice Craft & Gift Show 2014. If accepted I/we agree to set up the vendor table **only** between 8:00 – 9:30 am and **only** dismantle between 4:00 – 5:00 pm.

I/We have read the Waiver of Claims & Assumption of Risks printed on the reverse of this document. I/We understand the Waiver of Claims & Assumption of Risks and agree to be bound by its terms.

Signature: _____ Date: _____

WAIVER OF CLAIMS & ASSUMPTION OF RISKS:

It is expressly agreed that all use of Newmarket Community Centre facilities shall be at the sole risk of the Vendor.

All vehicles, equipment, goods, and personal property of the Vendor (and those whom the Vendor is responsible for or who attend with the Vendor) (collectively the "Vendor") brought to the Newmarket Community Centre (the "Property") will be kept and stored at the Vendor's own risk. The Vendor will indemnify and hold harmless Doane House Hospice Inc., its affiliates and related companies, directors, officers, employees, volunteers and agents (collectively "Doane House Hospice") from and against any claims, lawsuits, actions, liabilities or damage arising out of same, including but not limited to any subrogation claims of its insurer(s).

The Vendor shall indemnify and hold harmless Doane House Hospice from and against all claims, lawsuits, actions, damages, losses, liabilities or demands and all costs and expenses connected therewith (including legal fees and disbursements) which may result from, arise out of or be in relation to, directly or indirectly: (i) the use of the Property; (ii) any negligent act or omission of Doane Hospice; (iii) any and all injuries howsoever caused to the Vendor; (iv) any and all injuries howsoever caused to the participants; and (iv) to the fitness, merchantability and safety of any products, goods or property sold by the Vendors at the Hospice Craft & Gift Show.

This indemnity shall apply to the Vendor's successors, heirs, beneficiaries, and estate. I assume full responsibility for myself for bodily injury, death, loss of personal property, and/or theft and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by Doane House Hospice, the Property, other Vendors, and participants of the Hospice Craft & Gift Show. I understand and agree that by registering for the Hospice Craft & Gift Show I am agreeing to the above noted terms and conditions.