



Town of Boonville
PO Box 326
110 N. Carolina Avenue
Boonville, North Carolina 27011

Town of Boonville Vendor Application

(All booth's must be set up before noon on May 6, 2023. Booth rental fee \$50 and food vendor fee is \$100, unless power is needed and that will be assessed on a case by case basis. Fee can be paid in cash or check. Checks should be made out to Town of Boonville and put vendor fee/BIG in note line. Any returned checks will be assessed an additional \$25 fee.)

Name: _____

Address: _____

Contact Number: _____

Email Address: _____

City where you are located: _____

Items you will be selling: _____

Any special needs: _____

If you have any questions, please contact Boonville Town Hall at 336-367-7941.



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RELEASE AND WAIVER OF LIABILITY FOR VENDORS

This Release and Waiver of Liability is executed this day _____
by _____
(the "vendor") in favor of the **Town of Boonville** and its officials, employees, volunteers and agents.

I, the Vendor, hereby freely and voluntarily, without duress, execute this Release under the following terms:

Waiver and Release

I hereby release and forever discharge and hold harmless **the Town of Boonville**, its officers, employees and successors, assigned from any and all liability, claims, demands, and causes of action, of whatever kind of nature either in law or equity, which may hereafter arise from my participation with the **BIG Event** and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated with **the Town of Boonville**.

I understand and acknowledge that this release discharges the Town of Boonville, it's officers employees and successors from any liability or claim that I may have against the Town of Boonville, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that the Town of Boonville does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

I expressly understand and agree that this release is intended to be as broad as inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature of Vendor

Date

Printed Name of Vendor

Printed Name of Business