



2nd Annual Dog Days @ the Park

Vendor Registration/Application
August 28, 2011 - Fort Borst Dog Park
Centralia, WA
Event: 11 am - 5 pm
Vendor Set-up: 9:30 am - 11 am

Company/Organization Name: _____ Contact Person:

Phone Number: _____ Address:

Company/Organization Description:

Will you be selling any products? YES/NO _____ Product Description:

Vendor Instructions:

- *Be prepared for all weather - event will be held rain or shine*
- *Vendors are responsible for providing their own tent, tables and chairs*
- *No electricity is available on site for vendors - if vendors want to bring a generator - please call the event coordinator first*
- *It is the vendors responsibility to keep their area clean before, during and after the event*
- *There is no entry fee to participate in "Dog Days @ the Park"*

As participant in "Dog Days @ the Park", I, for myself, my executor, administrators, and assigns, do hereby release and discharge the Chehalis - Centralia Veterinary Hospital, the City of Centralia, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my dog/dogs in this event.

I understand that I may be photographed, filmed or videotaped at the event. I hereby irrevocably grant to

the Chehalis-Centralia Veterinary Hospital, its affiliates, licensees and collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever, including commercial advertising. I hereby release, discharge and agree to save harmless Chehalis - Centralia Veterinary Hospital and its employees or agents, for any liability by virtue of any publication of my likeness, including, without limitation, claims for libel or invasion of privacy.

I also give my full permission for such first aid as is deemed necessary to be provided to me or my dog/dogs on the premises or prior to transport to a medical facility for further treatment. The event organizer reserves the right to ask vendors to leave event if deemed necessary.

PARTICIPANT SIGNATURE _____ DATE ____/____/____

Vendor Forms can be mailed to or dropped off at: Chehalis-Centralia Veterinary Hospital 1214 NW State Ave Chehalis, WA 98532

Questions? Please contact event coordinator Dr. Brandy Fay at 360-748-6622