

Vendor Application

- Application must be filled out completely and are subject to approval.
- Applications will be date stamped and vendor spots awarded to earliest applicants.

Mail application with payment **by October 1st** to:

Unity Outreach, Inc.
1190 Kings Estate Road
St. Augustine, FL 32086

Make checks payable to Unity Outreach, Inc.
(on memo line put Unity Pink Motorcycle run)

OR

Pay online at www.thinkpinkinOctober.com -Sponsors page



Name of Business _____

Owner/ Manager of Business: _____

Owner address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Briefly describe your display, the items you plan to sell or service you plan to provide:

- Cost: \$50 per vendor space Non-Profit Org. no sales- no charge
 Sponsorship space-no charge Non-Profit Org. with sales \$50

SET UP TIME: 7:00 am _____
 11:00 am _____

NO ELECTRICITY AVAILABLE

PLEASE CONFIRM IF YOU WILL SUPPLY YOUR OWN ELECTRICITY

- _ I will not need electric at my space
 _ I will supply my own electric by generator

General Rules and Regulations

Please read carefully and initial that you have read and agree to abide by ALL Rules & Regulations.

- Vendor display must stay within designated space. This includes racks, tables, awnings, trailer tongue, tie downs, etc
- All vendors must check in before setting up.
- Vendors may set up on SATURDAY, OCTOBER 13, at 7 am or 11:00 am
- All vendors are responsible to clean up area of trash and debris before leaving.

Merchandise Requirements:

- No obscene merchandise is to be displayed or sold at the event. Violation of this policy will result in the immediate removal from the event and loss of vendor fee.
- No water, food or beverages will be allowed to be sold from your booth unless you are a food or beverage vendor.
- We do not offer "exclusive merchandise category".

By signing below, vendor agrees that he/she has read and understands the "Rules & regulations" of the event provided with this application and will be able to comply as directed. The undersigned understands noncompliance will result in immediate removal of the activity from the event.

Waiver & Release:

By signing this waiver, I hereby waive and release, indemnify, hold harmless and forever discharge Unity Outreach Inc and Flagler Hospital, Inc. and Flagler Health Care Foundation, Inc, and it's programs, agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, cause of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premise of, for the benefit of the 7th Annual Unity PinkRide in St. Augustine, Motorcycle Run provided that this liability of waiver does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

By signing this waiver, I assume all risk, and take full responsibility and waive any claims to person injury, death or damage to personal property associated with the 7th Annual Unity Pink Motorcycle Run including, but not limited to motorcycle activities undertaken at the facility, using the facility and it's equipment in any manner, form or fashion, and practicing and/or engaging in any other related activities on and off the premises.

This waiver and release contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of the Waiver & Release.

By signing this waiver, I certify that I have read, understand and fully agree to the terms of this Waiver and Release. I have accepted this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. By signing this Waiver and Release it is proof of my intention to execute and complete an unconditional Waiver and Release of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this Waiver.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____