

Winter Wishes Craft Bazaar Release

Business Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Winter Wishes, associates, employees and Crescent Community Club are hereby held harmless for any injurious event to or caused by any and all of the associates, employees, customers, vendors and or family members of the above listed business.

Winter Wishes will make every reasonable effort during closed hours to the public to secure premises. In the event there is a loss of property and/or merchandise Winter Wishes associates, employees, and venue owner Crescent Community Club will not be held responsible. The above listed vendor business acknowledges it is solely responsible to secure their property and merchandise.

My signature below confirms I have read and agree to all conditions and terms as listed on **Winter Wishes Craft Bazaar** Application, Release, Vendor Information and Rules and Regulations forms.

Signature

Date

Print Signature Name

Include with all completed signed forms to:
CHARLENE SWANSON
Winter Wishes
PO Box 131
Crescent OR. 97733