



2021 Fall Craft Show

Vendor Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

When: Saturday, October 9th, 2021
10:00 AM - 3:00 PM

Where: Shelby YMCA

Cost: 1 Space - \$25
2 Spaces - \$40
Outside Food/Drink Vendor - \$40



Important Information:

- Please bring your own table
- Set Up may take place from 7:00 AM - 9:30 AM Saturday morning, October 9th.
- Space is Limited. Registration will be on a first come, first serve basis.
- Submit your registration to the Shelby YMCA by September 27th, 2021
- Questions? Contact Shane Myers at 419-347-1312 Ext. 222 OR at smyers@shelbyymca.org

111 W. Smiley Ave. Shelby, OH 44875 - www.shelbyymca.org - 419-347-1312

2021 Craft Show - Acct# 1335

Business Name: _____

Vendor Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip code: _____

Email: _____

Space: (Note: Table NOT provided)

1 Space: _____ 2 Spaces: _____ Food Vendor (Outside): _____

Would you like to donate to be included in the Craft Show Passport for customers to win in a raffle?

Please Checkmark: Yes: _____ No: _____ Item(s) Donated: _____

Waiver and Release Form Liability: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result, and or participation in the SHELBY Y and its activities, the various branches and subdivision thereof, and all employees and volunteers in their capacities as representatives of the SHELBY Y expressly including, but not limited to, the Board of Directors of the SHELBY Y, except from injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by my heirs, administrators, executors, successors and assigns. **Property Loss:** I understand that the SHELBY Y is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the SHELBY Y facilities or on SHELBY Y program premises. **Photography Permission:** I give my permission for the SHELBY Y to use, without limitation or obligation, photographs, film footage or tape recordings which may include image or voice for purposes of promoting or interpreting SHELBY Y programs. **Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all SHELBY Y activities. The SHELBY Y does not provide any accident or health insurance for its participants. **Medical Release:** I authorize the SHELBY Y as my agent to give and consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the SHELBY Y to give first aid, CPR or other treatment by a qualified staff member. **Acceptance:** This waiver and release is given for me and on behalf of all the minor members of my family or in my care, if any. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **COVID-19:** This virus is very contagious and spreads through person to person contact. I certify that I have full knowledge of the nature and extent of the risks inherent in participation at the Shelby YMCA and I assume all risks and will solely be responsible for any contagion I may be exposed to or receive. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Payment: Check # _____ Cash _____ Credit _____ Amount \$ _____

Received by: _____ Receipt # _____ Circle One: Member Non-Member