



VENDOR REGISTRATION AND INFORMATION

Saturday, March 3rd, 2018

8:00 AM– 1:00 PM

Benson Hospital- 450 S Ocotillo Ave. Benson, AZ 85602

Thank you for your interest in the Community Health Fair. Our partners and vendors play a very special role in helping promote health and wellness to our community. To better assist our community vendors we would like to inform you that all vendor sites will be outdoors. Should you need a larger site please mark below. The event will last from 8:00 AM to 1:00PM.

We would appreciate vendors setting up before 7:30AM and tearing down after 1:00PM.

Name: _____ Phone: _____

Organization: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

of spaces required: _____

Electric power required? Yes No

Will you require space to park a vehicle to be included with your booth? Yes No

If yes, what size vehicle:

I will be covering: (What topic?)

Vendor rules:

All vendor sites are assigned; Vendors may set up Saturday between 6:00 am- 7:30 am.

Deadline to apply is February 16, 2018.

Waiver of liability and hold harmless agreement by vendor/participant:

The undersigned hereby holds harmless and waives any and all rights which he/ she may have now or in the future for any losses, injuries or damages occurring on Benson Hospital property or caused by his/her participation in the above described event, or preparation for this event, or tear down of this event, and does hereby release Benson Hospital, the owner of same, its staff and event sponsors from any and all liabilities, claims, demands, actions and causes of any action whatsoever arising out of or related to any loss of property, property damage, or personal injury, up to and including death, that may be sustained by the undersigned, the undersigned's customers, invitees, suppliers, employees, or guests whether caused by negligence, or otherwise, arising out of any activity connected with or while participating in any event activity held at, or while in or upon the surrounding premises where the above activities are being conducted at Benson Hospital. Undersigned also acknowledges they are wholly responsible for the supervision and conduct of any minors brought by or invited by undersigned on to Benson Hospital.

Applicant Signature: _____ Date: _____

Please return to Benson Hospital

Ashley Dickey

450 S Ocotillo Ave

Benson, AZ 85602

