



PICKERINGTON

Parks and Recreation • 100 Lockville Road, Pickerington, OH 43147 • ph: 614-833-2211 • fax: 614-833-2201 • www.pickerington.net

2024 Haunted Village Vendor Application

Vendor Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Cell) _____

Email (Required) _____

Office Use Only	
Received Date _____	Cash _____
Approved By _____	Credit Card _____
Total Paid _____	Check # _____
Receipt Number _____	
Liability Insurance Received _____	

Haunted Village is Thursday, October 24, 6:00-8:00pm. Set-up begins at 4:00pm, with roads closing at 5:00pm.

Available Booth Space: 10' x 10'	Type of Booth:	Will food, drinks, and/or merchandise be sold?
Total Booths: _____	_____ Table	___ Yes (\$25 Fee)
	_____ Tent	
Requested Booth Size: _____	_____ Trailer	___ No
	_____ Food Truck	

Any vendors selling food must provide a Certificate of Liability Insurance naming the City of Pickerington as additionally insured under their policy for the duration of the event. Franklin County Public Health requires that any vendors selling food have a food permit. No exclusive product rights will be offered.

Please describe your booth. List all items you will hand-out or sell.

Reserve a space by returning:

1. Completed Haunted Village Vendor Application with payment
2. Signed Full and Final Release of Liability and Indemnification Agreement
3. Certificate of Liability Insurance naming the City of Pickerington as additionally insured (**vendors selling food**)

Mail Completed Application Form to: Pickerington Parks and Recreation Department
100 Lockville Road
Pickerington, OH 43147

Registration Deadline: Friday, October 11

Waiver for Applicant

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Pickerington harmless of and from any and all liability of whatever nature, which may arise out of result of such uses. The City of Pickerington reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature _____ Date _____

Payment Method: _____ Cash _____ Check Number _____ Credit Card – Please bill my (circle one): MC or VISA

Name of Cardholder _____ Account Number _____ Expiration Date _____ CVC Code _____

Cardholder Signature _____ Date _____



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Full and Final Release of Liability and Indemnification Agreement

The participant listed below hereby acknowledges, represents, and agrees as follows:

Vendor Name _____ Event Haunted Village Date 10/24/2024

By signing this FULL AND FINAL RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to myself or to any third party, arising out of or in any way related to the activities I will be performing. I understand that I am responsible for my safety and the safety of others, not the City of Pickerington.

By signing this FULL AND FINAL RELEASE AND INDEMNIFICATION AGREEMENT and in consideration of permission from the City of Pickerington to use its facilities, I further hereby exempt, release, and discharge the City of Pickerington, its employees, public officials, agents, officers and volunteers from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, that I now have or which may thereafter accrue arising out of or in any way related to the activities I conduct on City of Pickerington property.

I further agree to defend, indemnify and hold harmless the City of Pickerington, its officers, employees, insurers, and self-insurance pool from and against all liability, claims, and demands, court costs, and attorneys' fees, including those arising from any third party claim asserted against the City of Pickerington, its officers, employees, volunteers, insurers, and self-insurance pool, on account of injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the activities of the program.

I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of Ohio, and that jurisdiction and venue for any suit or cause of action under this AGREEMENT shall lie in the courts of Fairfield County, Ohio.

Name _____

Title _____

Signature _____

Date _____