



Event Application Form & Waiver of Liability

To register for participation, send completed and signed application, along with your fee payment (and proof of Chatham Health District Certification if you are a food vendor) to:

The Town Center Project, Inc. P.O.Box 153, Hebron, CT 06248-0153

Organization/Business Name _____ Contact Name _____

Address _____ City/ ST/Zip _____

Email _____ Phone _____

PLEASE CIRCLE YOUR CATEGORY

Food Vendor
(I am bringing a Generator)

All other Vendors (Sellers)

Performers

Tell us what you will be doing? What are you selling? Making, demonstrating or performing?

Event & Date(s) _____

Time _____ **Location** _____

Fees:(If applicable) _____ **Fee Due By** _____ **(Late Fee _____)**

In no event will The Town Center Project, Inc. or its officers, employees, agents or representatives (collectively referred to as "TTCP") assume any risk or liability arising out of the activities, products, services or participation (collectively referred to as "Activities") of any participant or vendor in events sponsored by TTCP. Participants and vendors hereby waive any claims against TTCP arising out of their Activities and will indemnify and hold harmless TTCP from and against any such claims against TTCP. Food vendors must also provide written proof of liability insurance naming TTCP as an additional insured and a certificate of approval from the Chatham Health District.

By signing below, I affirm that I have read and agree to the above Waiver of Liability and the attached Program Rules and General Information.

PRINT NAME (and ORGANIZATION, if applicable) _____

SIGNATURE: _____ Date: _____

Please see attached Program Rules and General Information.

Questions: write ttcp@thetowncenterproject.org or call 860-359-1652 and leave a message.