

# Participant Waiver

Vendor Name (Please Print) \_\_\_\_\_

**Please Note: That competing this document is an insurance requirement of K'n Canada/The Font Hill and District K'nsmen Club and The District School Board of Niagara in order for you to participate in the 2019 K'nsmen Craft show**

**All vendors/crafters are responsible for submitting the names of all support volunteers that will be assisting (vendor /crafter) during all aspects of the show including and not limited to set up, show participation, and tear down.**

**That I/ we understand that certain acts, including adverse weather conditions, and other unforeseen causes, may impact on my sales during this event**

The undersigned wishes to participate in **The Font Hill and District K'nsmen Craft Show** Organized by the Font Hill and District K'nsmen to be held Oct 18, 19, 20 at Centennial Secondary School in Welland Ont.

The Undersigned understands that there are risks and dangers inherent in participating in **The Font Hill and District K'nsmen Craft Show**. The undersigned willingly accepts such risks and dangers and does hereby (a) forever release and discharge The Font Hill and District K'nsmen, K'n Canada, and The District School Board of Niagara its, officers, directors, employees and independent contractors from all, claims, obligations, losses, damages, injuries and expenses of every kind and nature arising in any way out of the operation of **The Font Hill and District K'nsmen Craft Show** including without limitation, negligence, and all activities ancillary or related to: **The Font Hill and District K'nsmen Craft Show** and (b) agree to indemnify and save The Font Hill and District K'nsmen, K'n Canada and The district board of Niagara its officers, directors, employee and independent contractors from all claims, liability, obligation, losses, cost and expenses of every kind and nature arising in any way whatsoever out of the undersigned being involved in **The Font Hill and District K'nsmen Craft Show** and its related or ancillary activities.

Date at \_\_\_\_\_ This day of \_\_\_\_\_

Please note: Additional Volunteer names may be added to this agreement at time of set up if not listed below Please advise K'nsmen Show Chair or designate prior to set up of volunteer name and complete below

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Thankyou for compl eting this required document to parti d pat e i n the 2019 K i nsmen Craft show

My signature bel ow i nd cates and vali dates that I have read this agree ment and that I understand and agree to the above require ments for my and any or all my vol unteers to parti d pati on i n the 2019 K i nsmen Craft Show at Centenni al Secondary Schod, Well and

First Name/Last Name (Please Print) \_\_\_\_\_/\_\_\_\_\_

Busi ness name if appli cabl e: \_\_\_\_\_

Si gnat ure: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/ 2019

Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cell Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

E mail: \_\_\_\_\_