

Garden City Flea Circus

Animal Adoption & Wellness Event



Saturday, June 2, 2018
10am – 3pm

10X10 ONLY \$10.00
Please submit payment to
Garden City DDA
by **Monday, May 1, 2018**

<input type="checkbox"/> Vet <input type="checkbox"/> Groomer	<input type="checkbox"/> Rescue (no fee) <input type="checkbox"/> Retail Vendor
--	--

Business Name: _____

Contact Name: _____

Address: _____

Telephone: _____ Email: _____

Products or Services: _____

The DDA will provide vendors with 10x10 parking space for each spot reserved.
Vendor must provide their own canopy tent, tables, chairs, etc.
A confirmation email will be sent once payment is received.
Map & Set Up instructions will be emailed 1 week before event.
Sorry, No Refunds if cancelled due to weather.

Please make checks payable to: Garden City DDA
Mail to: **Garden City DDA 29213 Ford Road Garden City, MI 48135**
Office: 734.261.2830 Fax: 734.261.6604
Email: Theresa@downtowngardencity.com



www.downtowngardencity.com
www.facebook.com/downtowngardencity



OFFICE USE ONLY:
DATE RECV'D: _____ AMOUNT PAID: _____ CASH: or CK#: _____



RELEASE AND WAIVER OF LIABILITY

As consideration of my participation (and the participation of my child or children, if applicable) in:

Flea Circus Pet Adoption & Wellness Event

(hereinafter "Event") to be held on the premises of, or through the sponsorship of, the CITY OF GARDEN CITY, and/or the GARDEN CITY DOWNTOWN DEVELOPMENT AUTHORITY, (hereinafter referred to collectively as "CITY"), I (**print name**): _____, do hereby assume all risk and liability associated with my (and my child or children's) participation in the event to be held on the following dates: **Saturday, June 2, 2018**

I (we) understand that there are always risks in participating in the Event, up to and including injury or death. On behalf of myself, my heirs, successors and assigns, I hereby release, hold harmless and discharge the CITY, including all volunteers, officials and employees of the CITY, from all claims, causes of action, damages and liability or responsibility whatsoever for any injury or death, to me and my child or children, if applicable, arising out of, or resulting from my (our) participation in the Event. If any portion of this document is declared invalid, the remaining provisions of this document shall remain enforceable.

Agreed to this ____ day of _____, 20__.

Participant's Name (print) _____

Name(s) and age(s) of children participating:

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Signature of Participant (or parent or guardian if participant(s) is a minor)

X _____

*Please return your Registration and Release & Waiver of Liability Agreement with payment to:
Garden City DDA Att: Theresa 29213 Ford Rd Garden City, Mi. 48135*