

2023 Catherine Irene Cone Scholarship Fundraising Day

June 3rd, 11:00AM — 4:00PM

Hornell VFW Grass Area

Vendor Company Name _____

Contact Name _____

Mailing address _____

Contact Phone _____ Contact E-mail _____

Emergency Contact Name/Number: _____

List of Products to be sold

Key Information

1. Set up NLT 10AM - Show Time, Set up by 8:45. Please do not show up early, no one will be there
2. All vendors will stay until 4:00 PM
3. Send Checks to: [Hornell VFW Post 2250](#), [Attn: Lory Raub](#), [245 Canisteo St, Hornell NY 14843](#)
4. Make Checks or Money orders out to: [Post 2250 VFW Hornell](#)
 - a. Make a Note: [Cone Scholarship Vendor](#)

_____ \$10.00 Craft Vendor (No Electric offered) & a Donated Item or Basket for the Table Auction

** Proceeds will go towards the Catherine Irene Cone Scholarship Fund that provides Holiday Gifts for Children in need, Holiday Meals, Funding for High School Graduates going into the Military, and providing the following items for those fighting Cancer: Gas Cards, Gift Cards, Hotel Rooms, & Meal Assistance

Point of contact Signature: _____

VWF POC Signature: _____

Indemnity Agreement

WHEREAS, (Write in POC/Business Name) _____, a vendor, charitable organization or other type of entity (User) desires to participate in the VFW Fathers Day Vendor Show, such organization meets the criteria for participation in the and agrees to obey the rules of Event and understands the nature of operating within the event and their responsibilities as a Event. Vendor or Participant in the Event , including assuming responsibility for safe operation and conduct of their business within the Event ; the User agrees to indemnify, hold harmless and defend the Hornell VFW, its officers, agents and employees from and against all liability for and all claims, suits, demands, and/or actions for damages, injuries to person (including death), property damage (including loss of use) and expenses including court costs and attorney's fees and other reasonable costs occasioned by or arising out of User's presence within the Event area permitted by the VFW conducted in connection with or incidental to participation and arising out of or resulting from the intentional acts or negligence of User, its officers, agents, employees, or person participating in the event sponsored by the User.

User further agrees that it shall, at all times, exercise reasonable precautions on behalf of and be solely responsible for the safety of its officers, agents, employees, participants, visitors and other persons as well as their property, while in or on the Event grounds and surrounding areas. It is expressly understood and agreed that the VFW and its members shall not be liable or responsible for the negligence of User, its agents, servants, employees, customers, visitors and participants.

It is further agreed with respect to the above indemnity, that the Hornell VFW and User will provide the other with prompt and timely notice of any incident in any way directly or indirectly, contingently or otherwise affected or which might affect the User or Hornell VFW. User further agrees that this indemnity provision shall be considered as an additional remedy for the Hornell VFW and not as an exclusive remedy.

_____ (initial) As a vendor or participant, I understand that myself, my business/organization, my employees and affiliates are NOT covered by the Hornell VFW insurance policy at any event that we participate in. I understand that if I want to be protected, I must obtain insurance. Hornell VFW strongly encourages all vendors and participants to obtain insurance.

_____ (Initial) By signing this document you acknowledge that KIWANIS is not asking for a copy of your insurance paperwork, however, you are confirming that you are fully covered by your insurance policies and that you waive / release Hornell VFW, and any of its employees, volunteers or contractors from any legal action taken against you for your named business, booth, products, etc. if you are willing to provide a copy please do with your application.

Business Name: _____

Responsible Party/Owner/Manager Name Printed _____

Signature: _____ Date: _____

Phone Number: _____