



EBA Kids' Bazaar Vendor Application

Sponsored by the Eastown Business Association

The 2024 Eastown Community Association Bizarre Bazaar (June 15th) will include a kids vendor area from 9AM-11:30PM hosting a bazaar of goods created and sold by Eastown kids ages 7-13. Family programming will follow for the remainder of the day. Vendor slots are limited and applications are due by April 14 at the ECA Mailbox at 415 Ethel Ave SE, Grand Rapids MI 49506. Businesses can have up to two children at their booth but each child must submit their own application and waiver. Selected businesses will be notified by mail after April 16.

Child name: _____

Name of partner (if your business has two owners): _____

Address: _____

School & Grade: _____

Name of parent/legal guardian: _____

Name of Business: _____

What does your business sell? _____

Due to event permits, food and beverage items cannot be sold.

What is your price range? _____ Have you ever sold your goods before? _____

Why do you want to participate? _____

In order to participate, we request that you make a \$5 donation to an organization of your choice. Where would you like to donate to and why? _____

Please email a photo of what your business sells to: julchera@icloud.com

EBA Kid's Bazaar Vendor Agreement

If my business is selected for a vendor slot at the EBA Kids' Bazaar, I agree to:

- Attend the **required** planning meeting on **May 4 at 6PM at 415 Ethel Ave SE**
- Be on time and present at the vendor booth for the entirety of my time slot during the Kids' Bazaar sale hours, **June 15 9AM-11:30AM**
- Confirm that my parent or guardian will be present for the entirety of my time slot during the Kid's Bazaar sale hours, **June 15 9AM-11:30AM**

Applicant Signature: _____

I, _____, the parent or legal guardian, agree to:

- Attend the **required** planning meeting on **May 4 at 6PM at 415 Ethel Ave SE**
- Assist my child as needed with setup, tear down
- Be on time and present with my child during the Kids' Bazaar sales hours on **June 15 from 9AM-11:30AM**
- Equip my child to make cash and cashless (venmo/cashapp/paypal/etc.) sales
- Hold my child accountable for their commitments and can attest they are capable of taking on the required responsibilities

I am interested in (optional):

- Volunteering to help with the Kids' Bazaar
- Providing tables, chairs, or pop-up tents

Do you consent to photos and/or videos of your child being posted on social media or in ECA publications? Yes No

Signature of Parent or Legal Guardian: _____

Applications are due on April 14 and all applicants will be notified by mail after April 16 with the selection committee's decision. A list of businesses (not including names of child participants) will also be shared on the ECA social media accounts and in the March/April Eastown Access.

Volunteer Waiver of Liability

Thank you for working with the Easttown Community Association (ECA) today. We greatly appreciate your assistance and dedication to building community through proactive neighboring and community improvement. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release the Easttown Community Association of all liability while working on community service projects with the Easttown Community Association. **This form is in effect for one year from the signing date.**

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ 20____, by _____ (the "Volunteer") in favor of the Easttown Community Association, a non-profit organization, their directors, officers, employees, and agents (collectively, "the ECA").

The Volunteer desires to work as a volunteer for the ECA and engage in the activities related to being a volunteer (the "Activities"). The Volunteer assumes all responsibility for any and all risk of property damage or bodily injury that may be sustained while participating in any community service activities, including the use of equipment and facilities of the Easttown Community Association.

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless the ECA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with the ECA. Volunteer understands that this Release discharges the ECA from any liability or claim that the Volunteer may have against the ECA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with the ECA, whether caused by the negligence of the ECA or its officers, directors, employees, or agents or otherwise. Volunteer also understands that the ECA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: Volunteer does hereby release and forever discharge the ECA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with the ECA.

Assumption of the Risk: The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, construction, cleaning, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the ECA from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Volunteer understands that, except as otherwise agreed to by the ECA in writing, the ECA does not carry or maintain health, medical, or disability insurance for any Volunteer. Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays. If the Volunteer has no insurance, the policy pays up to the limits of coverage.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Volunteer currently has no known mental or physical condition that would impair their capability for full participation as intended or expected of them.

Photographic Release: Volunteer does hereby grant and convey unto the ECA all rights, title, and interest in any and all photographic images and video or audio recordings made by the ECA during the Volunteer's Activities with the ECA, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of

such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (Print Please): _____

Volunteer Signature: _____ **Today's Date:** _____

Volunteer Address: _____

Phone number: _____ Email: _____

Group/Organization: (if applicable) _____

******* If the volunteer is under the age of 18, a parent or legal guardian must sign.*******

Parent Signature: _____ (if 18 or under)

In case of emergency, please contact:

Name _____ Relationship _____

Address _____ Phone _____

****Please Return Both Sides of This Waiver with Application****