



Linganore Winecellars | 13601 Glissans Mill Road | Mt. Airy, MD 21771

April 22, 2018
1:00 P.M. – 5:00 P.M.

The Foxie G Foundation's 2018 Equines in the Vines VENDOR APPLICATION

APPLICATION AND PAYMENT:

- Vendor space is \$25.00 / space. Vendors need to bring their own tables/chairs; tents and canopies are permitted. Vendors who would like to donate an item valued at \$25 or more to the silent auction will have their vendor fee waived.
- Application deadline for vendors is April 15, 2018.
- All vendors must sign a Release of Liability Waiver form.
- All food vendors must provide a Certificate of Liability Insurance listing Linganore Winecellars as additional insured for the event and a current copy of their food service license. All food vendors must adhere to all Health Department regulations.
- Payment in full is due with your application and waiver form. Your cancelled check is your receipt.
- No rain date – Equines in the Vines is held rain or shine. Event will be moved indoors in the case of inclement weather.
- Electricity/WiFi will not be available; should electricity be required Vendors should come prepared (i.e., generator).
- All Cold Beverage Sales (Soda & Water) will be provided exclusively by Linganore Winecellars during the event. No other vendor will provide these items for sale.

VENDOR PARTICIPATION:

- You may set up your space on Sunday, April 22nd, from 11:00 AM To 1:00 PM. All vendors are asked to be completely set up by 1:00 PM.
- All trash is to be placed within trash receptacles located around the event space.
- Vendor clean-up will commence at 5:00 PM and end no later than 6:00 PM.

PLEASE CALL Kathy at (703) 638-2863 with any questions.

**PLEASE SEND YOUR COMPLETED APPLICATION WITH CHECK OR MONEY ORDER PAYABLE TO:
The Foxie G Foundation
9505 Clemsonville Road
Union Bridge, MD 21791**

Thank you for your support!

VENDOR INFORMATION

NAME OR GROUP NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

CONTACT PHONE NUMBER: _____

WEBSITE: _____

IF YOU HAVE SOCIAL MEDIA ACCOUNTS PLEASE PROVIDE THEM SO WE CAN TAG YOU IN OUR POSTS: _____

TYPE OF SERVICE / ITEMS AVAILABLE: _____

MY SIGNATURE ON THIS APPLICATION INDICATES THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED BY THE FOXIE G FOUNDATION. I AGREE TO CONFORM TO THE REGULATIONS SET FORTH.

SIGNATURE: _____ **DATE:** _____

LINGANORE

Winecellars

RELEASE AND WAIVER OF LIABILITY for VENDORS

This Release and Waiver of Liability is executed this ____ day of _____, 2018, by _____ (the "Vendor") in favor of **Linganore Winecellars** and its directors, officers, employees, volunteers, and agents.

I, the Vendor, hereby freely and voluntarily, without duress, execute this Release under the following terms:

Waiver and Release

I hereby release and forever discharge and hold harmless **Linganore Winecellars** and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with **The Foxie G Foundation's Equines in the Vines Event** and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with **Linganore Winecellars**.

I understand and acknowledge that this Release discharges **Linganore Winecellars** from any liability or claim that I may have against **Linganore Winecellars**, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that **Linganore Winecellars** does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree 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.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature Of Vendor

Date

Printed Name Of Vendor

Printed Name Of Business