

WILLITS FRONTIER DAYS

Official Entry Form

HOMETOWN

June 20, 2025 | 5 to 9 p.m.

Booth Name: _____

Please check all that apply with a description:

Informational Booth _____ Informational Content: _____

Selling Merchandise _____ Type of merchandise: _____
CA Seller's Permit # _____

Selling Food _____ Type of Food: _____
Food Handler's Permit #: _____

Offering an Activity _____ Activity Description _____

Contact Information

Name: _____

Mailing Address: _____

Phone # _____ - _____ - _____ Email: _____

Note to Vendors

Booth Space is given on a first come, first serve basis. Deadlines & fees as follows:

Each 10' x 10' booth space is \$40.00.

Deadline is Friday, June 7th

Each food vendor booth space is \$75.00.

Deadline is Friday, May 9th

Food Vendors MUST have a Temporary Food Handler's Permit which can be obtained by calling Environmental Health at (707) 234-6625

Booths are in the sun, so it is advised to bring a pop-up, but not required.

Electricity is extremely limited and is NOT INCLUDED

I will call or email to confirm your application has been received

You will receive a follow up call or email to let you know of your booth placement no later than **Monday, June 16th**. If you've not received it by that date, please email us at wfd.hometowncelebration@gmail.com

Checks can be made payable and sent to:

Willits Frontier Days PO Box 800 Willits, CA 95490

Frontier Days

Hometown Celebration Street Fair

LIABILITY RELEASE FORM

PARTICIPANT OR ORGANIZATION ENTRY NAME: _____

PRIMARY CONTACT NAME: _____

PHONE NUMBER _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

Acknowledgement of Risks

I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness, or disease, physical or mental, or damage to myself, to my property or to spectators or other third parties. I understand and acknowledge those risks may result in personal claims against the Frontier Days and the City of Willits or their members or claims against me by spectators or other third parties.

Among these risks are the following:

(1) The nature of the activity itself; (2) the acts or omissions, negligence in any degree, of the Frontier Days and the City of Willits and Frontier Days, their officers, agents, volunteers, or employees, and other persons or entities; (3) latent or apparent defects or conditions in equipment, or property, or other persons or entities; (4) use or operation, by myself or others, of equipment supplied by myself or other persons or entities (5) acts of other participants in this activity, employees and agents of the Frontier Days and the City of Willits, or other persons; (6) weather conditions; (7) contact with plants or animals; (8) my own physical condition, or my own acts or omissions; (9) condition of the motor vehicles, floats, equipment, if any and/or the streets and surrounding terrain, and accidents connected with their use; (10) first-aid, emergency treatment or other services rendered; (11) consumption of food or drink. I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness or disease, or damage to myself to my property or to spectators or other third parties. I expressly except those risks not specifically listed above as well.

Acceptance of Risk and Responsibility

Being aware that this activity entails risks or injury to myself and a risk to injury to spectators or other third parties as a result of my actions, I agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to spectators or other third parties and their property arising from my participation in this activity. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks.

Release

I hereby voluntarily release and forever discharge Frontier Days and the Frontier Days and the City of Willits, their officers, agents, volunteers, or employees, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including specifically, but not limited to, the active or passive negligent acts or omissions of Frontier Days and the City of Willits, its agents or employees, and all other persons or entities, for any and all injury, death, illness, or disease, and damage to myself or to my property. I further agree, promise and covenant to hold harmless, defend and indemnify the Frontier Days and the City of Willits, their officers, agents or employees, and all other persons or entities from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to spectators or other third parties in the course of my participation in any event sponsored by Frontier Days. I further

agree, promise and covenant not to sue, assert or otherwise maintain or assert any claim against the Frontier Days and the City of Willits, their officers, agents or employees, and all other persons or entities, for any injury, death, illness or disease, or damage to myself or to my property, arising from or connected with my participation in this activity or from any claim asserted against me by spectators or other third parties.

IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE FRONTIER DAYS AND THE CITY OF WILLITS, OR THEIR OFFICERS, AGENTS, OR EMPLOYEES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE.

Acknowledgement of Effect of This Release

I understand and acknowledge that by initialing and/or signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against the Frontier Days and the City of Willits, it officers, agents or employees, and other persons or entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, negligent to any degree, of the Frontier Days and the City of Willits, their officers, agents or employees, and all other persons or entities. I understand and acknowledge that by initialing and/or signing this release, I have assumed responsibility and legal liability for the claims or their legal demands, including defense costs, which may be asserted by spectators or other parties against me as a result of my participation in this activity. I understand and acknowledge that no other insurance is provided to me for this activity. I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I may incur while participating in this activity and to cover bodily injury or property damage caused to a third party as result of my participation in this activity. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

Entire Agreement

I understand that this is the Agreement between myself and the Frontier Days and the City of Willits, their officers, agents or employees, and that it cannot be modified or changed in anyway by the oral representations or statements of any officer, agent or employee or the Frontier Days and the City of Willits, or by me. I further understand its contents and that this agreement includes an assumption of risk of the released parties' negligence and a release of their liability. I understand that the Frontier Days and the City of Willits is materially relying on this waiver and is allowing me to participate in the subject event with this reliance.

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

This document affects your legal rights. You must read and understand it before signing it.

Signature of Participant _____

Date of Signature _____