



Vendor/Exhibitor Application Form

Company / Organization Name:

Address:

First and Last Name of the person(s) who will staff the table:

Phone:

Email:

Company / Org. Description:

Goods or Services being sold:

Fees (check the option that applies for you)

- My \$75 fee is enclosed.** _____ representing a For-Profit Company/Business. 20% of our sales from the table will be donated to Missing GRACE Foundation at close of the event.
- My \$25 fee is enclosed.** _____ representing a Non-Profit organization or Home Based business. Home businesses donate 20% of sales to Missing GRACE at the close of the event.
- I am sponsoring the event and my table is complementary**

I am paying by check:

Please make checks payable to: **Missing GRACE Foundation**

I am paying by credit card:

Charge my fee to my: VISA _____ Master Card _____ Discover _____

Fill in ALL card holder's information (as it appears on card and on statement)

CONFIDENTIAL Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Last 3 digits: _____ (from The back of your credit card)

Name: _____

Signature: _____

Phone: (_____) _____



2019 Minnesota Hope & Hearts Run/Walk Vendor / Exhibitor Information

Thank you for your interest in the 14th annual Minnesota Hope & Hearts Event and the Missing GRACE Foundation.

EVENT Date: Saturday, September 14, 2019

Event Address: Bunker Hills Regional Park (Pavilion # 3) CSAH 14 / Foley BVD, Coon Rapids, MN 55448. There are 2 entrances to the park. The North entrance gatehouse is closest to the pavilions #3 and #2 where the Hope & Hearts event takes place. North Entrance: Bunker Lake Blvd (also called Country Rd 116)

Enter into park at County Park Road A.

- **Parking:** \$5 fee per car parking within the park. This fee is required by Anoka County Parks at the gate entrance to the park.
- A 6 foot skirted table and 2 chairs will be provided. There are a limited number of tents available on a first-come, first-serve basis.
- Vendor's / exhibitors Check-in on event day at the Volunteer / Vendor Tent and will be assisted to their table. Vendors need to be set up by 9:00 a.m. and tables staffed until 12:00 p.m.
- Vendor's/ Exhibitors can unload display items before parking. Hope & Hearts volunteers will assist to bring items to/ from table.
- Vendors / exhibitors must turn in application, Waiver and payment **by** September 9, 2019.
- Food Vendors must post the proper license and documentation required by Anoka county. Also request in writing if electricity is needed (limited avail.)
- Event takes place rain or shine.

We anticipate having 1000+ participants based on attendance history. As a vendor at this event, you will have an opportunity to advertise, promote and sell your company's goods and services all while helping further the mission of missing grace foundation.

Missing GRACE Foundation is a national nonprofit organization that provides resources and support for families that have experienced a pregnancy loss, infant loss, infertility or adoption along with education and bereavement materials for Professional Care Providers. The heart of the mission of G.R.A.C.E. is helping families Grieve, Restore, Arise, Commemorate and Educate.

Hope & Hearts Run/Walk Waiver

Complete one form per person

Vendor / Exhibitor / Entertainment (circle one) or Other _____

I wish to participate in the **Minnesota Hope & Hearts Run/Walk** Event. I will be at least 18 years or older on the date the event commences. Minors must be accompanied and supervised at all times by a parent or legal guardian during the event.

I understand that all donations processed by Missing GRACE Foundation are non-refundable and non-transferable, even if I do not participate in the event. I also understand that the registration fee is non-refundable and non-transferable.

Waiver and Release of Liability

I understand that while participating in this event, I will be using a public area and facilities where many hazards exist and I am aware of and appreciate the risks that may result from my own and others' use. I am also aware that accidents may occur during this event which could result in serious injury, death, property damage or otherwise. I am voluntarily attending this event with knowledge of all such risks.

In consideration for being permitted to participate in this event, I agree to personally assume all risks and to release, hold harmless and covenant not to sue Missing GRACE Foundation, and any designated beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the event, volunteers, and all other government or public entities including, but not limited to, the Department of Transportation and affiliated organizations and all their respective directors, officers, agents, employees and members (collectively, "the releasees"), for any claim, loss or liability that I may have arising out of my participation in the event, including bodily injury, death, property damage, or otherwise whether caused by negligence or carelessness of the releasees or otherwise.

I intend by the Waiver and Release of Liability to release in advance, and to waive my rights and to discharge all of the releasees from all claims, losses or liabilities for death, bodily injury or property damage that I may have, or which may hereafter accrue to me or to others because of my actions as a result of my participation in this event, even though that liability may arise from negligence or carelessness on the part of the releasees, from dangerous or defective property or equipment owned, maintained or controlled by them or present at the event or because of their possible liability without fault. I understand and agree that this Waiver and Release of Liability is binding on my heirs, assigns and legal representatives.

I will abide by all rules and regulations established by the event organizers and personnel as well as the local vehicle code. I further agree that my participation in the event is subject to the sole discretion of the organizers.

I understand that my name, photograph, voice or likeness may be used for all promotional purposes related to the event by Missing GRACE Foundation, and their sponsors, beneficiaries, licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. And I understand that I will not benefit financially from any use thereof.

I have carefully read this Waiver of Liability and Agreement and fully understand its contents. I am aware that by signing this document, I agree to all terms and conditions.

Print Name: _____

Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____