

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

******Please note: It is a requirement that all vendor participants in the 2024 Car & Bike Show sign and return this waiver no later than 12pm on Friday, May 17, 2024.**

Willits Chamber of Commerce

299 E. Commercial St., Willits, CA 95490

707-459-7910 Email: info@willits.org

In consideration for receiving permission to participate in the **2024 Car & Bike Show** event, the Vendor hereby releases, waives, discharges and covenants not to sue the **Willits Chamber of Commerce or the City of Willits**, its agents, volunteers, or officers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Vendor, or any of the property belonging to the Vendor whether caused by the negligence of the Vendor/Releaser, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected with the **2024 Car & Bike Show** and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such activity, whether caused by the negligence of Vendor/Releaser or otherwise.

I further hereby agree to indemnify and hold harmless the **Willits Chamber of Commerce and the City of Willits**, its agents, volunteers and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of Vendor/Releaser or otherwise.

I understand that the **Willits Chamber of Commerce and The City of Willits** does not provide any insurance coverage for vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my own insurance portfolio.

I have read and agree to follow all vendor rules and responsibilities.

Name of Business _____

Date _____

Signature _____ Title _____