

CLATSKANIE HEALTH & SAFETY FAIR

Vendor Application

Clatskanie Health & Safety Fair

Saturday, October 4, 2025 at Clatskanie Middle/High School, Clatskanie, OR

Time: 10:00am -2:00pm

Vendor application due by August 29, 2025

Contact Name: _____ Business/Organization Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ * E-Mail Address: _____

Type of Booth: Informational Interactive

Booth Description:

*Only items described below and approved by the Clatskanie Health & Safety Fair committee under this application may be distributed or displayed at this event:

Is electricity needed? No What is the electricity for? None

Booth size request: 6x6 Do you need to be outside? No

Typical Booth Size: 10 x 10 1 table 2 chairs (Larger area by request only)

NOTE- Your entire booth including tables and anything else is required to fit within the space that you reserve.

Set up time begins at 8:00am the morning of the event. Tear down time no earlier than 2:00pm the afternoon of event.

Applications due: August 29, 2025

Cancellations: Please contact us no later than September 25, 2025

Booth Rental Agreement

By signature below, I understand and agree to the above. Further, I have read and agree to the vendor rules attached to this application. I have provided the required proof of insurance with this signed application.

Vendor Signature: _____ Date: _____

When this application is accepted by Clatskanie Health & Safety Fair, an email of acceptance will be sent to the vendor. This application and the email of acceptance shall constitute a contract between the Vendor and Clatskanie Health & Safety Fair.

Return signed Application and Release, along with your Proof of Insurance to:

Clatskanie Health & Safety Fair
Attn: United Way
P.O. Box 538
Rainier, OR 97048

Or email: clairec@unitedwayofcolumbiacounty.com

*Email address required - Applications due August 29, 2025

Questions – contact Sarah Johnson sjohnson@clatskaniepud.com

Clatskanie Health & Safety Fair 2025

RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the use of the Clatskanie Middle/High School during Clatskanie Health & Safety Fair for 2025, by the undersigned, I/we, do hereby release and forever discharge the City of Clatskanie and the Clatskanie Health & Safety Fair planning partners which include Clatskanie PUD, Clatskanie Rural Fire Protection District, United Way of Columbia County, Wauna Federal Credit Union, and the Clatskanie School District, and their individual agents, attorneys, and assigns from any and all actions, claims and demands for, upon or by reason of any damage, loss, or injury which may be sustained by me/us during this year's Clatskanie Health & Safety Fair.

This release extends and applies to and covers all known, unknown, unforeseen, unanticipated injuries, damages, loss and liability, and consequences thereof. The provisions of any state or federal law providing that this release does not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist, are hereby expressly waived.

I/we further agree to indemnify and defend the above-named parties from, and reimburse said parties for any cost, claim, loss, or liability suffered directly or from a third-party claim arising out of or related to any activity of mine/ours during or in connection with Clatskanie Health & Safety Fair in my/our possession or control. The above-named parties shall have no liability to me/us for any injury, loss, or damage caused by third parties during or in connection with Clatskanie Health & Safety Fair

I/we agree that the above-named parties or individuals shall have no liability for the failure or interruption of utilities during or in connection with Clatskanie Health & Safety Fair.

DATED this _____ day of _____ 2025

Name (Print)

Business Name / Organization

Email

Phone

Organization/Business Street Address

City, State, Zip

Signature

Clatskanie Health & Safety Fair

VENDOR RULES

Event Date: Saturday, October 4, 2025

Event Time: 10am-2pm

Please read the following before signing the vendor application:

1. This application is for a booth at the Clatskanie Health & Safety Fair (CH&SF) to be held, rain or shine, on Saturday, October 4, 2025 at the Clatskanie Middle/High School, 471 SW Bel Air Dr., Clatskanie, OR 97016. Applications are due by August 29, 2025. This application and the email of acceptance from the Clatskanie Health & Safety Fair Planning Partners shall constitute a contract between the Vendor and the Clatskanie Health & Safety Fair.
2. Vendor set up is Saturday, October 4th beginning at 8:00am. Vendors are required to arrive and check in prior to 9:00 am on the day of the event. All vehicles will need to be removed from in front of the school (loading area) by 9:30am. We highly suggest that heavy and/or cumbersome setup take place at 8:00 am Saturday morning.
3. Vendors are asked to park in the spots farther away from the building to allow the close spots to be reserved for community members visiting the fair.
4. Vendors inside will be provided one table and two chairs at their booth. If a vendor wants to be outside, they are responsible for providing their own set up.
5. Vendor agrees to have their booth completely set up and open from 10:00 am to 2:00 pm on the day of the event. Take down of vendor booths will not be allowed until after 2:00 pm to avoid disruption to the fair.
6. The Clatskanie Health & Safety Fair Planning Partners reserves the right to approve all vendors within any given category. Vendors are not allowed to sell alcohol in any form.
7. The Clatskanie Health & Safety Fair Planning Partners and its officers, volunteers and contractors assume no responsibility for any loss or damage whatsoever. All vendors shall provide their own insurance. Vendor shall save, defend and hold harmless the Clatskanie Health & Safety Fair Planning Partners, its officers, members and contractors from any damages or claims arising from Vendor's activities under this agreement. Proof of insurance is required with this application. The suggested minimum insurance coverage is \$1,000,000 per incident.

Proof of insurance should name Clatskanie Health & Safety Fair and Planning Partners as the additional insured. These certificates can easily be obtained by your insurance carrier.

Clatskanie Health & Safety Fair VENDOR RULES Continued

8. Vendor agrees to be responsible for the cleanup of the booth area at the end of the Fair.
9. Vendors who do not comply with this agreement will not be allowed to continue their presentation and may be asked to close their booth and exit the Fair.
10. Prohibited Items: Weapons (including firearms), alcoholic beverages, drug paraphernalia or items depicting or suggesting drug use.

For questions call or e-mail:

Sarah Johnson sjohnson@clatskaniepud.com Cell: 503-308-2072

Claire Catt clairec@unitedwayofcolumbiacounty.com