

INDEMNIFICATION

The exhibitor agrees to indemnify, hold harmless, and defend the sponsor(s), management or agents of the WV Pumpkin Festival Inc., collectively or individually, for any loss or injury, that may arise or occur, by or to the independent contractor, his employees or agents, his property or merchandise, from any causes or negligence, natural or otherwise, during or while conducting any business or any other related activities by himself or his agents, in connection with this contract or any other agreement or contract, as authorized by the bylaws and or charter of the WV Pumpkin Festival Inc.

CERTIFICATE OF INSURANCE

A copy of a valid insurance policy or certificate of insurance (naming the West Virginia Pumpkin Festival as the "additional insured") will be requested by the West Virginia Pumpkin Festival Board of Directors. Exhibitors should have a current insurance policy in effect.

Insurance Company: _____

Policy Number: _____

If you do not have insurance, please explain _____

By submitting this application for exhibit space, I/We, having read the Arts & Crafts Booth Rental Agreement Rules And Regulations, accept and agree to be bound by the terms listed in them. I hereby release the West Virginia Pumpkin Festival from any and all claims arising from my participation in said festival.

Signed: _____

Title: _____ Date: _____

to be used for tabulating payment amount

Exhibit Space(s)	\$ _____
Corner Space(s) @ \$50.00 extra each	\$ _____
Additional Worker Passes @ \$5.00 each (1-day)	\$ _____
Late charge per space @ \$25.00 each after August 1st	\$ _____
Application Total	\$ _____

Make check payable to: **West Virginia Pumpkin Festival, Inc.**

Mail the application to:

**West Virginia Pumpkin Festival
c/o Lois Mack
P. O. Box 358
Milton, WV 25541**

Application deadline is **August 1st**

If you have questions please call (304)743-9420 (Lois Mack - Chairperson),
or (304)634-5857 (Bill) - www.wvpumpkinpark.com