



# 2016 Dia de Los Muertos Event (Day of the Dead) VENDOR REGISTRATION FORM (NO FOOD VENDORS ACCEPTED)

**DEADLINE FOR VENDOR REGISTRATION: THURSDAY, OCTOBER 20, 2016 at 5:45 P.M.  
OR UNTIL FILLED, WHICHEVER COMES FIRST.**

*Important Note to Vendors:*

- The event will provide free sugar skulls, face masks, and handmade skull necklaces at no cost to children ages 12 & under.
- The event will provide free face painting to children ages 12 & under.
- No food vendors will be accepted. All food vendors will be handled through the Covina Farmers Market. If interested, please contact them directly at [covinafarmersmarket.com](http://covinafarmersmarket.com).

**EVENT DATE:** Sunday, October 30, 2016  
**TIME:** 2-8 p.m.  
**LOCATION:** Forest Lawn - Covina Hills

**Please check one (All fees are nonrefundable):**

- Vendor - Single space - \$85 (10' X 10')
- Vendor - Double space - \$125 (10' X 20')

**REGISTER IN PERSON OR MAIL TO:**  
 Covina Parks & Recreation Department  
 Attention: DOD Vendor Registration  
 1250 N. Hollenbeck Avenue, Covina, CA 91722  
**OFFICE HOURS:** Monday-Thursday and alternate  
 Fridays, 10 a.m.-5:45 p.m.  
 (Open Fridays 8/5, 8/19, 9/2, 9/16, 9/30, 10/14, 10/28)

List the items and brand you will be selling:

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*Power is provided to all vendors to use for booth lighting and cash register purposes only. The City will NOT be tracking the type of items or product sold, so there may be duplication of product. By providing the information above, will help us to try and locate vendors selling similar product to be located in different areas only.*

Business/Organization Name: \_\_\_\_\_  
 Representative: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_

**PAYMENT METHOD:**  
 Cash       VISA or MasterCard       Check (Payable to: City of Covina)

**For VISA/MasterCard only:**  
 Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name as it appears on card (please print): \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**For more information, please email [mhynes@covinaca.gov](mailto:mhynes@covinaca.gov) or call (626) 384-5340.  
(Reverse side must be completed.)**

**For office use only:**  
 Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT  
FOR 2016 CITY OF COVINA/FOREST LAWN  
DIA DE LOS MUERTOS (DAY OF THE DEAD) EVENT**

In and for consideration of being permitted to participate as a vendor in the City of Covina Dia de Los Muertos Festival and all associated activities included in the Chalk Art Festival provided to the undersigned with the sole intent and understanding to participate as a vendor in the City of Covina Dia de Los Muertos Festival, the undersigned, his/her heirs, agents, employees, family members, friends, associates, assigns, representatives, next of kin, or any others forever releases and holds the City of Covina, its elected officials, employees, agents, directors, officers, council members (Releases) harmless from all liability to the undersigned and the undersigned's personal representatives, assigns, heirs, next of kin, and agents for any loss or damage including, but not limited to serious bodily injury or death, or damage to any property and waives any claims and demands therefore, on account of injury or damage to the undersigned's person or property, including injury leading to death of the undersigned, whether caused by the active or passive negligence of the City of Covina, its employees, its elected officials, employees agents, directors, officers, council members, and assigns while the undersigned is participating as a vendor in the City of Covina Dia de Los Muertos Festival, including any and all activities associated with the Dia de Los Muertos Festival.

The undersigned agrees to indemnify, save and hold harmless the Releases and each of them from any loss, liability, damage or cost and the undersigned assumes full responsibility for any risk of bodily injury, death or property damages.

Vendor participants and their family, friends, employees will hold harmless, and covenants not to sue Forest Lawn and its respective and each of its respective past and present parents, subsidiaries, predecessors, successors and related entities, including, without limitation, Forest Lawn Mortuary, and each of their past, present, and future officers, directors, trustees, shareholders, and attorneys, accountants, representatives, agents, employees, heirs, and assigned from and against any and all demands, losses, claims, suits, causes of action, whether at law or in equity, costs, expenses and attorney fees, and/or any liability whatsoever sustained by anyone, whether to their persons, property, and/or reputation, as a result of or incident to (I) City's Vendors' negligence (whether active or passive) or willful misconduct, or (II) any property damage to Forest Lawn's facilities incurred during or as a result of the Event.

*I have read this release and waiver of liability, assumption of the risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FOREST LAWN®**

FUNERALS • CREMATIONS • CEMETERIES