



**ROCKY HILL BUSINESS DISTRICT  
3rd Annual CHRISTMAS PARADE**

**VENDOR CONTRACT**

**VENDOR NAME:** \_\_\_\_\_

**VENDOR CONTACT INFO:**

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**What you are selling/displaying:** \_\_\_\_\_

This Contract is to reserve a space (10x10 or 12x12) in the Rocky Hill Shopping Center on Saturday, December 3, 2016 from 5:00-8:00 pm in the parking lot in front of Rocky Hill Family Physicians' office space (leaving a space at their entrance). **The cost is \$50.00 payable to Rocky Hill Business District.** You will be responsible for bringing a pop-up tent, tables for your display and any other supplies needed to sell or display your items. You may keep all proceeds from any sales. After the event you are responsible for cleaning up and removing all tents, tables, chairs, etc. along with any trash in your space.

**HOLD HARMLESS AGREEMENT**

ROCKY HILL BUSINESS DISTRICT AND THE CITY OF KNOXVILLE 2016 CHRISTMAS PARADE This waiver/Hold Harmless Agreement hereby states that \_\_\_\_\_, participant, acknowledges they are responsible for their actions and will not hold the City of Knoxville and Rocky Hill Business District responsible for liability from their participation in the aforementioned community activity. Further, the undersigned applicant shall specifically hold harmless the individual members of the Board of Mayor and Aldermen of the City of Knoxville and Rocky Hill Business District staff of any liability arising out of the applicant's participation in this event. I understand that the City of Knoxville and Rocky Hill Business District have no coverage for damages created by my participation (third party) because the City of Knoxville and the Rocky Hill Business District have no insurable interest. **I have read the attached rules and will abide by all regulations stated therein.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Do you or your group have liability coverage? \_\_\_Yes \_\_\_No If so, please list the carrier's name and coverage amount.

\_\_\_\_\_  
Carrier's Name Coverage Amount \$ \_\_\_\_\_

Vendor Contact: Robyn Patterson – 865-719-1478

email: [cpatterson2@comcast.net](mailto:cpatterson2@comcast.net) or [r.patterson@comcast.net](mailto:r.patterson@comcast.net)