



Rocky Hill Business District
7th Annual Christmas Parade & Festival

December 4, 2021, 3:30pm - 7:00pm
Parade steps off at 6:00

VENDOR CONTRACT

I. Vendor Contact Information

Name: _____

Address: _____

Email: _____ Cell Phone: _____

What your are selling/displaying: _____

This Contract is to reserve a space (10x10 or 12x12) in the Rocky Hill Shopping Center parking lot on Saturday, December 4, 2021 from 3:00 - 7:00 pm, the complete duration of the festival. A donation of \$50.00 is requested, but not required. This money helps to cover the cost of putting on the parade. Cash and checks are accepted. Checks should be payable to Rocky Hill Business District. Payment, with this completed contract, should be submitted to Rocky Hill Family Dentistry, Attn. RHBD, 7427 S. Northshore Dr., Knoxville, TN 37919. 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. If any questions, please contact Zach Sale at 865-228-2449.

II. Hold Harmless Agreement

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/or 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

III. Insurance Coverage

Do you or your group have liability coverage? ___Yes ___No If so, please list the carrier's name and coverage amount and attach a copy.

Carrier's Name Coverage Amount \$ _____