

**Vendor Application
Autumn Classic Charity Horse Show
November 15-17, 2024**

Please print clearly and provide ALL requested information:

Official Vendor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Email: _____

Entry Fees (Please circle all that apply)

Craft Vendors: November 15 - 17	\$175.00
Novelty Vendors: November 15 - 17	\$175.00
Boutique Vendors: November 15 - 17	\$175.00
Tack Vendors: November 15 - 17	\$175.00
Services Vendors: November 15 - 17	\$175.00

****NO FOOD VENDORS ALLOWED****

****NO ALCOHOLIC BEVERAGES ALLOWED****

****NO REFUNDS AFTER SETUP AT SHOW FOR ANY REASON****

Please describe what you will be selling:

Release of Liability: ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT: I agree as follows by signing below:

I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (Including from damages, costs and attorney fees) the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my employee, for any kind of damages, losses, or injuries to myself, other persons, employees or property to the fullest extent permitted by law.

Signature: _____ Date: _____

Make checks payable to: Autumn Classic Charity Horse Show, PO Box 70273, Albany, GA 31708
Email Vendor Application and a copy of your General Liability Insurance form to: autumnclassic1985@gmail.com