

EXHIBITOR / VENDOR APPLICATION



SUNDAY, APRIL 21, 2024

MESA RIVERVIEW PARK | 2100 W. RIO SALADO PARKWAY, MESA, AZ 85201

Name _____ Business Name _____

Cell Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Please select a vendor category:

_____ Nonprofit _____ Healthcare _____ Corporate _____ Retail _____ Food _____ Other

Please describe what you will be providing at your booth:

_____ Merchandise _____

If merchandise will be sold, please submit your current MESA TEMPORARY SALES TAX LICENSE to CCN by March 21, 2024. Contact City of Mesa Tax and Licensing 480-644-2316 to obtain the License.

_____ Food: _____

If you are providing tastings or food of any kind, please submit your COI, and SRPMIC food handler's license at the time of registration. If food sales is involved, a SRPMIC business license is required.

_____ Services: _____

If you are providing a service of any kind, please submit your COI at the time of registration.

_____ Information/Other _____

Booth Rates and Runner's Bag information: Questions? [Contact chisa.hauber@childrenscancernetwork.org](mailto:chisa.hauber@childrenscancernetwork.org)

_____ **\$50 for non-profits businesses**(includes 1 table and 2 chairs) Tents advised BRING YOUR OWN TENT PLEASE. If additional space is needed, please let us know and we will be in touch.

_____ **\$100 for for-profits businesses**(includes 1 table and 2 chairs) Tents advised BRING YOUR OWN TENT PLEASE. If additional space is needed, please let us know and we will be in touch.

_____ **Booth Exchange:** (event and date: _____)(includes table

_____ *YES, I would like to provide program materials, event materials, or giveaways for the runner's bag. I will provide these by April 1, 2024. (Fundraising materials are acceptable for an additional fee of \$100)*

CHECKLIST FOR COMPLETING THIS APPLICATION: (due by March 21, 2024 please)

1. PLEASE COMPLETE THIS FORM.
2. PLEASE INCLUDE YOUR CHECK MADE PAYABLE TO CHILDREN'S CANCER NETWORK OR CONTACT US TO USE A CREDIT CARD FOR PAYMENT. Booth exchanges are always available at no charge to either party.
3. PLEASE READ AND SIGN THE CONSENT ON PAGE 2 OF THIS DOCUMENT.
4. TO LEARN HOW TO APPLY FOR APPROPRIATE PERMITS, EMAIL CHISA.HAUBER@CHILDRENSCANCERNETWORK.ORG.
5. SUBMIT YOUR **FORM, CONSENT, FEE, PERMITS** (IF NECESSARY) **AND COI** (IF NECESSARY) TO CHISA HAUBER AT CHISA.HAUBER@CHILDRENSCANCERNETWORK.ORG

CHILDREN'S CANCER NETWORK
VOLUNTARY WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT

By signing below, I hereby acknowledge that I voluntarily desire to participate in, observe and/or otherwise take part in events and/or activities offered to me by Children's Cancer Network ("CCN"), or located at *Mesa Riverview Park (MRP)* at the premises, facilities and on the land located at *2100 W. Rio Salido Parkway, Mesa, AZ 85201* and/or on any adjacent properties (collectively, the "Properties") and/or any off site locations associated with particular events. These recreational or other activities include, without limitation, the "Run to Fight Cancer" event sponsored by Children's Cancer Network ("CCN") taking place on the Properties.

In consideration of *MRP's* and *CCN's* consent to allow me to participate in any or all recreational or other activities, I hereby knowingly, freely and voluntarily agree to waive, release and discharge any and all claims against *MRP* and *CCN* for damages for death, personal injury or property damage to myself or to others that may arise, or that may subsequently accrue, as a result of my participation in the events and/or related activities offered, afforded or sponsored by, or located at, or on the Properties.

I expressly agree to assume all risk arising out of my participation in in any or all recreational or other activities. I further agree to follow all instructions, procedures, measures and directions given to me by *CCN*, *MRP*, or any of its staff or representatives, and understand that my failure to do so may result in property damage or injury or death to me or to a third party. I understand that my invitation to participate in the activities covered under this Agreement may be revoked at any time for any reason by *MRP* or *CCN*.

I UNDERSTAND THAT THIS WAIVER, RELEASE AND INDEMNITY IS INTENDED TO WAIVE, RELEASE, DISCHARGE AND INDEMNIFY IN ADVANCE *MRP* AND ITS AFFILIATES, SUBSIDIARIES, MEMBERS, MANAGERS, OFFICERS, EMPLOYEES, INSURERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, AS WELL AS CHILDREN'S CANCER NETWORK, FOR, FROM AND AGAINST ANY AND ALL LIABILITY TO ME ARISING FROM MY PARTICIPATION IN THE ACTIVITIES COVERED UNDER THIS AGREEMENT, INCLUDING ANY DEMAND, RIGHT OR CAUSE OF ACTION OF ANY KIND OR NATURE WHATSOEVER, WHETHER BASED ON TORT, CONTRACT, WARRANTY, OR ANY OTHER THEORY OF RECOVERY, AT LAW OR INEQUITY, VESTED OR CONTINGENT, THAT I OR MY FAMILY, PARENTS, SPOUSE, CHILDREN, ESTATE, HEIRS, AGENTS, INSURERS, SUCCESSORS OR ASSIGNS MAY AT ANY TIME HAVE AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES. THIS ALSO INCLUDES, WITHOUT LIMITATION, ANY LIABILITY (INCLUDING CONSEQUENTIAL, INDIRECT, SPECIAL OR INCIDENTAL DAMAGES) ARISING FROM INJURY OR DAMAGE THAT I SUFFER OR CAUSE DURING MY PARTICIPATION IN THE ACTIVITIES, WHETHER SUCH INJURY OR DAMAGE IS FORESEEN OR UNFORESEEN OR WHETHER RESULTING FROM NEGLIGENCE OR OTHERWISE.

I agree that this Waiver and Release is intended to be as broad and inclusive as permitted by applicable law. If any provision of this Waiver and Release shall be ineffective or invalid, such provision shall be ineffective or invalid only to the extent of such prohibition or the remaining provisions of this Waiver and Release, which shall remain in full force and effect.

I agree to comply with all Applicable Law during my participation in the events and/or related activities. "Applicable Law" shall include all federal, state and local laws, statutes, regulations, codes, ordinances, rules and/or executive orders, as amended.

I understand that all information I have provided will be used with the intent of participating in the 2023 Run to Fight Children's Cancer event. I also understand that no refunds will be issued for those who fail to attend the event. I HAVE READ THIS AGREEMENT BEFORE SIGNING IT, AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.

PARTICIPANT

Printed name: _____ Signature: _____
Business/nonprofit: _____ Date: _____

THANK YOU SO MUCH. WE LOOK FORWARD TO ENJOYING THE DAY WITH YOU ON 4/21/24