



## HOLLISTER'S Grape & Fall Festival Saturday, October 10, 2020

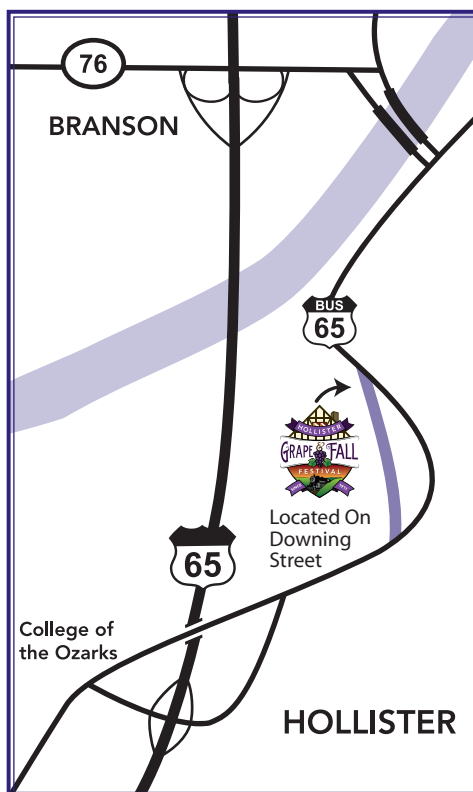
### Non-Profit Exhibitor Information

The Hollister Grape & Fall Festival strives to promote area businesses, craftsmen, musicians and culinary artists. Local performers and the famous Grape Stomp Competition provide hours of exciting entertainment.

The Grape & Fall Festival is undeniably a regional event drawing up to 10,000 people. This is an excellent opportunity for non-profits to share their information with attendees and meet future supporters in person.

The Grape & Fall Festival will be held on Downing Street which is listed on the National Register of Historic Places.

We invite you to attend and share your mission during this popular festival in Historic Downtown Hollister (just across the bridge from Branson) in southwest Missouri.



### Reminder Checklist Please Include the Following:

- Non-Profit Exhibitor Application  
*(Including Your Payment)*
- Non-Profit Exhibitor Agreement
- Accident Waiver
- Health Department Permit  
*(If applicable, this must be submitted by September 4, 2020 to reserve your space.)*





Hollister's Grape & Fall Festival 🍷 Saturday, October 10, 2020

# Non-Profit Exhibitor Application

**Date Of Event:** Saturday, October 10, 2020

**Application Deadline:** Friday, September 18, 2020

## Application Procedure

1. Complete the application form and attach photos and/or descriptions of your craft(s) that you will be exhibiting. Be sure to label photos with your name and the type of work that is shown. (Photos will not be returned.)
2. Enclose a check payable to the **Hollister Area Chamber of Commerce** or fill out the credit card form.
3. Mail complete application information to: ----->
4. You will be contacted by email or by phone that your application has been received.

**Hollister Area Chamber of Commerce**  
**Grape & Fall Festival 2020**  
 Post Office Box 674  
 Hollister, Missouri 65673.0674

Organization Name (Please Print) _____			Contact Name _____	
Address _____			Phone _____	Fax _____
City _____	State _____	Zip _____	Email _____	

**Sales Tax #:**  
 Missouri \_\_\_\_\_  
 Arkansas \_\_\_\_\_

**Water Needs:**  
 Constant Water Supply  
 Occasional Water Access Only  
 No Water Required

**Credit Card Authorization**  
 Name on Card: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Total Amount: \_\_\_\_\_  
 (Booth Space + Electricity)

**Booth Size:**

10' x 10' 🍷 **FREE** Chamber Members In Good Standing Before 9.18.20

10' x 10' 🍷 **\$100** Chamber Members In Good Standing After 9.18.20

10' x 10' 🍷 **\$150** Non-Members & Chamber Members 2<sup>nd</sup> Booth

10' x 20' 🍷 **25% Of Net Profit** Non-Profit Food Exhibitors Only

**Pay By:**  
 Check/Cash       Credit Card

Credit Card Type: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 CV2 Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Describe Your Proposed Display:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Electrical Access:**  
 110 Volts 🍷 **\$25**  
 220 Volts 🍷 **\$50**

I authorize the Hollister Area Chamber of Commerce to charge my credit card for participation in the Grape and Fall Festival.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Continue On Another Sheet If Necessary.

**Please remember your registration cannot be accepted until we have received all completed forms and all required documentation and your payment in full.**

By submitting this application to the Hollister Area Chamber of Commerce, the undersigned acknowledges receiving, reading and fully understanding all of the included guidelines and regulations of the Grape and Fall Festival. I understand that submission of this application with the required fees and documentation does not guarantee my admission to the festival as an exhibitor. The Hollister Area Chamber of Commerce is not responsible for accidents or theft. If you have any questions, please call the Chamber at 417.334.3050.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation Policy:** Request to Cancel must be received by October 2, 2020. In the event the festival is cancelled due to resurgence of Covid-19, refunds will be processed by October 23, 2020. In the event of inclement weather, there will be no refunds.



Post Office Box 674  
 Hollister, Missouri 65673.0674

**For More Information:**   
 HollisterChamber.Net or 417.334.3050



# Non-Profit Exhibitor Agreement

Booths are assigned based on application and full payment date.  
Assigned locations will be enforced.

## Eligibility

The festival is open to all non-profit organizations who are involved in the community of Hollister, Taney County, and surrounding areas.

## Booth Policies

- 🍷 One exhibitor per space.
- 🍷 Booth sizes: 10' x 10' or 10' x 20' space on level asphalt street. If your booth is a trailer, the total length of your trailer, **including the tongue**, will be required on the application.
- 🍷 Exhibitors are responsible for providing their own tent/canopy. A festival tent supplier is available. (Call for more information.)
- 🍷 Exhibitors are responsible for providing their own display materials which must be free standing. Displays must fit into the space without infringing on neighboring spaces.
- 🍷 Exhibitors are responsible for transporting, securing and placing their booths. Labor to erect booths will not be provided.
- 🍷 No stakes are allowed in the asphalt.
- 🍷 You cannot tape, tack, rope, bind or affix any materials or signs to trees, lamp posts, poles or other surfaces to public or private property.
- 🍷 Limited electricity and water available. (Exhibitors should bring their own electrical supplies; none will be provided.) Use of electricity or faucets on county, city or private property without permission of the property owner is theft. No gasoline generators are allowed.
- 🍷 Your booth area must be kept clean during the show and must be cleaned when vacated. Trash bins and recycling will be available, but exhibitors should be prepared to dispose of materials responsibly and haul away anything that requires special disposal.
- 🍷 *Only the Hollister Area Chamber of Commerce and food exhibitors may sell any food or drink.*
- 🍷 *Non-profit non-food exhibitors are required to staff their booth at all times from 10:00 A.M. - 6:30 P.M. the day of the festival. Clean up and teardown must be completed by 10:00 P.M.*

🍷 *Non-profit food exhibitors are required to staff their booth at all times from 10:00 A.M. - 10:00 P.M. the day of the festival. Clean up and teardown must be completed by 12:00 A.M.*

🍷 *Non-profit food exhibitors will need to have health permits from the Taney County Health Department. These should be submitted with the application or prior to September 18, 2020. Food exhibitors will not be assigned a space until this document is submitted.*

## Set-Up

Set-up time is 6:30 A.M. - 9:00 A.M. on Saturday, October 10, 2020. All vehicles must be moved immediately after unloading to the assigned exhibitor parking lot. Please secure your booths and products. **No early setups will be permitted.**

## Correspondence

All exhibitor correspondence will be conducted via email when possible. Please be sure to check your email regularly prior to the event, for any notices or changes posted, as well as load-in time scheduling. If you are on Gmail, please be sure to check your junk/spam folders.

## Additional Information

The Hollister Area Chamber of Commerce reserves the right to remove, without question, any displays or products that are deemed objectionable or inappropriate for a family-oriented event.

At this event, you and your booth may be photographed. You agree to allow your photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors and organizers.

**The Hollister Grape & Fall Festival is a smoke and vape free event.**

The Hollister Area Chamber of Commerce reserves the right to accept or deny any application.

**The Hollister Area Chamber of Commerce, Grape and Fall Festival and the City of Hollister are not liable for any damage, theft, or injury incurred during the festival.**

*I accept all terms and regulations stated on this Non-Profit Exhibitor Agreement.*

Organization Name (Please Print)

Contact Name

Signature

Date



Post Office Box 674  
Hollister, Missouri 65673



## Exhibitor Accident Waiver and Release of Liability Form

---

I hereby assume all of the risks of participating and/or volunteering in this activity or event, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, organizers, their agents, employees, volunteers, representatives or insurers of the activity or event in which I am participating, and that it will govern my actions, responsibilities, claims, causes of action and remedies at said activity or event, now and in the future. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) I waive, release and forever discharge from any and all liability: Hollister Area Chamber of Commerce, Grape and Fall Festival Committee, City of Hollister, County of Taney, their directors, officers, employees, members, volunteers, representatives, agents and insurers (hereinafter "Released Parties") including but not limited to, liability arising from the negligence or fault of the Released Parties, with the exception of intentional acts, for my death, disability, personal injury, property damage, property theft, loss of consortium or actions of any kind which may hereafter occur to me from the event or arising out of the event, including my traveling to and from this event.

(B) I indemnify, hold harmless and promise not to sue, make a claim or bring a cause of action against the Released Parties from any and all liabilities, damages or claims made or arising out of my participation in this activity or event. This includes my personal representatives, executors, administrators, heir, next of kin, successors or assigns.

I acknowledge that the Released Parties are not responsible for the negligence, errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of the Released Parties. I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY AND I FULLY UNDERSTAND ITS CONTENT. I UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY THAT WILL FOREVER BAR ANY CLAIM OR CAUSE OF ACTION ARISING FROM OR OUT OF THE EVENT AGAINST THE RELEASED PARTIES AND I SIGN IT OF MY OWN FREE ACT AND WILL.

---

*I accept all terms stated on this Accident Waiver and Release of Liability Form.*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_