



Health Fair Exhibitor/Vendor Invitation Letter

We would like to invite you to take part in our upcoming Eagle Creek Health and Wellness fair. The goals of the event are to bring members of the health community into the Eagle Creek community to share and promote health and wellness and to expose them to your services and programs.

Date: Saturday, August 26, 2017

Location: Eagle Creek Recreation Center

Contact person/phone number: Jannell McDonald (407)207-7078

Suggested arrival time to set up booth: After 9am, the area will be open for you to begin your set up.

Health fair hours: 11am-3pm

Estimated number of attendees: 200+ this event will be open to the public.

Indoors/outdoors: Outdoors

Number/size of tables per booth: 1 six foot table provided

Number of chairs: 2 per booth

Tents: Tents are available for an additional fee. If you provide your own, the additional fee does not apply.

Participation fee: 1st Annual pricing: \$75 per booth space

Additional tent fee: \$125 per tent rental

We also ask that you bring a small raffle prize to be raffled during the event.

If you agree to participate, please complete the enclosed Health Fair Exhibitor Needs Form and return it by Monday, August 21, 2017 to activities@hoaeaglecreek.com. If you have any questions or concerns, please do not hesitate to contact me at:

Name: Jannell McDonald

Phone number: 407.207.7078

activities@hoaeaglecreek.com

Thank you for considering participation in our health fair event.

Sincerely,

Jannell McDonald

VENDOR APPLICATION

Make check or money order payable to HOA of Eagle Creek, and send to the address below.
Completed application packet can be emailed to activities@hoaeaglecreek.com or mailed directly to

The HOA of Eagle Creek
10180 Eagle Creek Center Boulevard
Orlando, FL 32832
Attention Jannell McDonald.

VENDOR NAME

Mailing Address

City State _____ Zip _____ Phone: _____

Contact Email _____

WILL YOU BE SHARING A SPACE? Yes No *If yes, list additional vendor(s) below:*

Additional Vendor(s): _____

How do you want your name to appear in the Eagle Creek Health and Wellness Fair map? _____

Vendor Name(s) OR Business Name:

APPLICATION DEADLINE Monday, August 21st by 5pm

Will you be bringing a tent or canopy? (10' x 10' maximum) Yes No

Will you need a tent provided? _____

Total amount of attached check or money order \$ _____

TERMS & CONDITIONS:

Payment

· Full payment is due with submission of application. Make check or money order payable to The HOA of Eagle Creek. A fee will be charged for returned checks. In the case of cancellation, refunds will be issued if notification is made to activities@hoaeaglecreek.com by 5pm on Monday, August, 21, 2017. No refunds will be given after space assignments have been made. All payments will be deposited upon receipt. Confirmation emails will be sent to the email listed on your vendor form.

Vendor Space

· Vendor space will be assigned by the Association based on information provided on the vendor application. Special requests may be considered but not guaranteed. All decisions are final. Everything must fit within allotted space (approximately 10' x 10' in size). Spaces are non-transferrable

· Vendor may provide own tent or canopy (**weights recommended**). Tents and canopies must be no more than 10'X10 maximum in size. The booth spaces will have (1) 6 foot table and (2) chairs. Electricity is not readily available. Any other equipment needed to set up the booth space is the responsibility of the vendor.

- Vendors wishing to share a space must submit only one application packet which must include each vendor's name and description of services and programs offered. Each vendor sharing a space must be approved by the Association.
- Vendor is responsible for own set up and tear down. Volunteers will be available to help in the morning and afternoon. Setup time: 9am-10:30am. Vendor is expected to remain onsite until 3pm. Vendor may unload vehicle near assigned space; however, vehicle must be moved to designated parking area as soon as it is unloaded.
- Food items must be prepackaged with a FDA approved label for health and safety reasons. Food products may not be made on site without prior approval from the Association.
- **Smoking is prohibited except in designated areas.**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I UNDERSTAND THAT THE USE OF THE COMMON AREA AND THE RECREATION CENTER (THE "WORK") INVOLVES RISKS AND DANGERS, AND I KNOWINGLY AND WILLINGLY ASSUME THE RISK OF INJURY, DEATH, LOSS OR DAMAGE ARISING THEREFROM.

I UNDERSTAND THAT ACCIDENTS, HARM, INJURY OR ILLNESS CAN OCCUR WHILE PERFORMING THE WORK AND THAT SUCH MIGHT RESULT NOT ONLY FROM MY OWN ACTIONS, INACTIONS OR NEGLIGENCE, BUT FROM THE ACTIONS, INACTIONS, OR NEGLIGENCE OF OTHERS. I ALSO UNDERSTAND THAT ACCIDENTS, HARM, INJURY OR ILLNESS CAN ALSO OCCUR DUE TO THE CONDITIONS OF THE COMMON AREA OR EQUIPMENT. I FURTHER UNDERSTAND THAT THERE MAY BE OTHER RISKS NOT KNOWN TO ME OR NOT REASONABLY FORSEEABLE AT THIS TIME. I AGREE THAT I AM FULLY CAPABLE OF PERFORMING THE WORK.

I HEREBY RELEASE FROM ANY LEGAL LIABILITY THE ASSOCIATION AND ECDC, ITS MEMBERS, DIRECTORS, OFFICERS, AGENTS, PROPERTY MANAGERS AND EMPLOYEES (HEREINAFTER "RELEASEES") FROM ANY AND ALL INJURY, DEATH, LOSS, DAMAGE OR COSTS OF ANY KIND, INCLUDING REASONABLE ATTORNEYS' FEES, CAUSED BY OR RESULTING FROM MY PERFORMANCE OF THE WORK, WHETHER OR NOT SUCH INJURY, DEATH, LOSS, DAMAGE OR COSTS WERE CAUSED BY OR RESULTED FROM THE NEGLIGENCE OF THE RELEASEES OR ANY OTHER CAUSE.

I FURTHER AGREE NOT TO SUE, CLAIM AGAINST, ATTACH THE PROPERTY OF, OR PROSECUTE THE RELEASEES FOR ANY INJURY, DEATH, LOSS, DAMAGE OR COSTS OF ANY KIND RESULTING FROM THE WORK, WHETHER OR NOT SUCH INJURY, DEATH, LOSS, DAMAGE OR COSTS WAS CAUSED BY OR RESULTED FROM THE NEGLIGENCE OF THE RELEASEES OR ANY OTHER CAUSE.

I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES FROM ANY INJURY, DEATH, LOSS, LIABILITY, DAMAGE OR COST OF ANY KIND THAT I MAY INCUR DUE TO MY PRESENCE IN OR UPON THE RECREATION CENTER AREA, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I EXPRESSLY AGREE THAT THE FOREGOING RELEASE, WAIVER AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAWS OF THE STATE OF FLORIDA, AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT. THIS RELEASE SHALL BE LEGALLY BINDING ON ME, MY ESTATE, HEIRS, SUCCESSORS, ASSIGNS, LEGAL GUARDIANS, AND PERSONAL REPRESENTATIVES.

I FURTHER UNDERSTAND THAT THE USE OF THE COMMON AREA AND THE RECREATION CENTER DURING THE VENDOR FAIR DOES NOT EQUAL ANY TYPE OF ENDORSEMENT, RECOMMENDATION OR PROMOTION OF MY BUSINESS BY THE ASSOCIATION AND ECDC, ITS MEMBERS, DIRECTORS, OFFICERS, AGENTS, PROPERTY MANAGERS AND EMPLOYEES. FURTHERMORE THE EAGLE CREEK LOGO WILL NOT BE USED IN ANY OF MY PROMOTIONAL INFORMATION AS IT IS PROTECTED.

I HAVE READ AND VOLUNTARILY SIGNED THIS AGREEMENT, AND FURTHER AGREE THAT NO ORAL REPRESENTATION, STATEMENTS OR INDUCEMENTS, APART FROM THE FOREGOING, HAVE BEEN MADE. I AM AT LEAST 18 YEARS OF AGE, AND I HAVE CAREFULLY READ THE ABOVE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I MAY HAVE AND I ENTER INTO THIS RELEASE OF MY OWN FREE WILL.

DATED: _____

Signature _____

Print Name: _____