

**Third Annual National Honeybee Day Celebration
At HoneyBeeMade
2981 Route 352, Big Flats, NY
August 17, 2024 - 10 am – 3 pm**

VENDOR FORM – Please Print

BUSINESS NAME:	
CONTACT NAME:	
PHONE #:	EMAIL:
FACEBOOK PAGE:	WEBSITE:
CONTACT PREFERENCE (EMAIL/TEXT/PHONE):	
GOODS/PRODUCT SOLD:	
ANY COMMENTS	

We welcome you to our event and wish you a successful day.

You can begin set-up at 8:00 am. There will be a separate area for vendor parking, which will be shown to you on the day of the event.

The fee is \$25 and includes 12 x 12 area; tables and tents are not supplied. Only 1 vendor per area is permitted.

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***Send this form BY AUGUST 14, along with your \$25 check payable to HoneyBeeMade, to:***

***HoneyBeeMade  
PO Box 151  
Big Flats, NY 14814***

**WAIVER AND RELEASE OF LIABILITY  
FOR NATIONAL HONEYBEE DAY, AUGUST 17, 2024**

**I HEREBY** release and forever discharge HONEYBEEMADE, LLC AND ROUTE 352 DEVELOPMENT, LLC, located at 2981 Rt. 352, Big Flats, NY, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity. I understand that any injuries or outcomes may arise from my own or others' negligence, conditions related to travel to and from the activity, or from conditions at the activity location. Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this activity.

**I FURTHER AGREE** to indemnify, defend, and hold harmless the Releasees against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

**I FURTHER ACKNOWLEDGE** that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, **I authorize** \_\_\_\_\_ **to provide all emergency medical care deemed necessary**, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

***I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I AGREE TO RELEASE AND DISCHARGE HONEYBEEMADE, LLC AND ROUTE 352 DEVELOPMENT, LLC AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST HONEYBEEMADE LLC AND ROUTE 352 DEVELOPMENT, LLC FOR PERSONAL INJURY OR PROPERTY DAMAGE.***

I agree that this Release shall be governed for all purposes by NYS law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

**THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.**

\_\_\_\_\_  
VENDOR SIGNATURE

\_\_\_\_\_  
ORGANIZER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE