

**11<sup>th</sup> Annual St. Johns Bizarre**  
**Saturday May 13<sup>th</sup>, 2017**  
**Vendor Application**

**Application Requirements**

The following four items must be received by *March 25<sup>th</sup>*:

1. Vendor Application form
2. Application fee of \$10 (check must be made out to “St. Johns Center for Opportunity/St. Johns Bizarre”)
3. Four (4) separate high-quality photographs that demonstrate your work. Applications without supporting pictures will not be reviewed. Printing photographs onto a single sheet is appreciated.
4. Liability Waiver Form

*Note: Booth sharing is allowed. Each person must fill out a separate application, but please submit them together in the same envelope. A separate application fee is required for each artist.*

**Contact Information**

Are you a community group, artist, or food vendor? (please circle one)

Artist or Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Have you participated in the St. Johns Bizarre before? Yes/No (circle one)

If so, what year(s)? \_\_\_\_\_

How did you hear about the St. Johns Bizarre?

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## Merchandising Information

Describe, in detail, what you will be selling or promoting:

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Please describe your display:

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Describe the price range of your merchandise:

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## Payment & Mailing Information

- Make check payable to:  
St. Johns Center for Opportunity/St. Johns Bizarre
- Send Application materials in a standard envelope to:  
St. Johns Bizarre Vendor Committee  
PO Box 83233  
Portland, OR 97283

# Liability Form

## Waiver of Liability and Indemnity

As a vendor, I understand that this waiver of liability must be signed in order to participate in the St. Johns Bizarre Street Fair activities. I understand and acknowledge that my services will be provided only at the booth sight assigned to me and may consist of the following services: arts & crafts sales, food vending, or not for profit activities.

I understand that in order to participate, I must assume all responsibility and risk associated with all conditions, hazards, and potential dangers in, on, or about the site, whether they are open and obvious or concealed.

I hereby RELEASE, DISCHARGE, AND WAIVE, any claims, actions or suits of any character, name and description, I may have against St. Johns Bizarre Street Fair, its directors, officers, agents and employees and owners/lessees of a site, US Bank, as a result of any injuries, damages or death received or sustained by me in connection with the services performed on, in or while I am participating in any St. Johns Bizarre Street Fair activities.

To the extent permitted by law, including without limitation to the Oregon Tort Claims Act, I hereby agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS, St. Johns Bizarre Street Fair, its directors, officers, agents and employees and all owners/lessees of a site from and against any and all liabilities, losses, claims, expenses (including reasonable attorney fees), damages, obligations, judgments, or deficiencies of every kind and description, contingent or otherwise, resulting from or arising out of any of my acts or failure to act in connection with the St. Johns Bizarre Street Fair activities.

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Business Name or Organization

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Print Name of Signatory & Title

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Signature of Signatory

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Date