**All persons 18 years of age and older participating in Feast of the Strawberry Moon must sign the agreement below**

**Participation Agreement**

I have read the application and rules, understand the guidelines associated with my participation, and agree to abide by the policies as stated. I understand that I will not be permitted to use “Feast of the Strawberry Moon” or any Feast of the Strawberry Moon logos or have graphics on any items to be sold.

I understand that pets are not allowed, only working animals.

I also understand that I may be photographed and/or interviewed for media coverage and by visitors for private use. I grant to WMHA the right to use the same in media for any purpose, without compensation to me.

I agree that I am liable for my own Michigan Sales Tax as well as any other related taxes if applicable.

**Indemnification/Hold Harmless Agreement**

I agree to indemnify, defend, and hold harmless the West Michigan Historical Alliance (WMHA) and its board and advisory board members (the Board Members) from and against all claims, losses, expenses, liabilities, demands, obligations, or damages of every kind and nature (including, without limitation, reasonable attorney fees and expenses), damage or injury to myself, my family, or my property arising out of or related to the activities during the course of the Feast of the Strawberry Moon June 11-12, 2022 and I shall hold harmless and indemnify WMHA and the Board Members for all losses resulting from my acts or omissions or those of my minor children.

**COVID-19 Acknowledgement and Assumption of Risk**

I understand the hazards of the novel coronavirus (COVID-19) and am familiar with the Centers for Disease Control and Prevention (CDC) guidelines regarding same. Notwithstanding the hazards, I willingly choose to enter into this Agreement and fully assume the risk of illness or death arising from participation in Feast of the Strawberry Moon June 11–12, 2022. I agree to institute a plan for social distancing and other customary terms and conditions as regards to protection against COVID-19. ***By attending activities, I certify that I have not experienced any recent symptoms associated with COVID-19, have not recently traveled internationally, and do not otherwise fall into a risk category identified by the CDC.  I agree to contact WMHA if I experience symptoms within 14 days of participating.***I, on behalf of myself and my invitees/guests, hereby release WMHA and its board and advisory board members with respect to any and all illness, disability, death, or loss or damage to person or property to the fullest extent permitted by law.

**SIGNATURES OF PARTICIPANTS OVER 18 YEARS OF AGE**

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| Print Name and Address | Signature | Date |
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