

COVID-19 SAFETY GUIDELINES FOR VENDORS

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not attend the festival as a vendor, worker, volunteer, or helper. By coming to the festival to work, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath.
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR: Vendors, workers, volunteers, and helpers agree to self-monitor for signs and symptoms of COVID-19 for fever, cough, and shortness of breath and contact Lisbon Area Chamber if he/she experiences symptoms of COVID-19 within 14 days after participating at the festival.

LIABILITY WAIVER AND RELEASE OF CLAIMS: I acknowledge that I benefit by my participation with Johnny Appleseed Festival, in Lisbon, Ohio and I willingly engage in this activity.

RELEASE AND WAIVER: I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST The LISBON AREA CHAMBER OF COMMERCE, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS AND VOLUNTEERS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, THAT MAY ARISE FROM MY PARTICIPATION IN THIS ACTIVITY.

ASSUMPTION OF THE RISK: I acknowledge and understand the following:

1. Participation includes possible exposure to COVID-19. While particular rules and personal discipline may reduce this risk, the risk does exist;
2. I knowingly and freely assume all such risks related to COVID-19, and
3. I hereby knowingly assume the risk associated with this Activity.

THIS FORM MUST BE RETURNED TO CHAMBER BY SEPT 17TH, 2021. You will not be allowed to sell your product until this paper is handed in. thank you!

Vendors Signature

Vendor's Business name

Date