

Whispering Pines Farm Spring Perennial Plant Sale

201 Winsome Lane Cabot, PA 16023

Saturday
April 27th 8 A.M. – 4 P.M.

ATTENTION: PLEASE READ THROUGH THE ENTIRE CONTRACT.

SET UP

Friday
April 26th 10 A.M. – 6 P.M.

*Upon arrival, please pull up to the cul-de-sac and Kerry will direct you to your space.

*Each dealer is responsible for their individual sales tax.

*Tents must be white, beige, tan, or dark green.

*There will be a maximum of 3 persons per dealer space.

***Breakdown on spaces is prohibited until Saturday at 4:00 P.M. NO EARLIER.**

*Whispering Pines Farm would appreciate, once broken down to look in and around your space for litter.

*Whispering Pines Farm is not responsible for tent, canopy, and/or wares damage caused by weather conditions. If inclement weather should be at risk we will keep dealers aware of necessity to protect their items from weather, and to take cover, which would be INSIDE the Barn.

*Whispering Pines Farm is not responsible for ANY vehicular damage or accidents.

*Whispering Pines Farm will NOT be moving any vehicles. Only directing!

*During arrival AND departure you will be asked to be PATIENT and WPF will direct accordingly. There are things UNDER the lawn, mulch etc. that you are unaware of that your vehicle could cause Whispering Pines Farm COSTLY DAMAGE! WPF is subject to increasing vendor pricing if there is damage by vendors on set up days to compensate for farm grounds. Remember, this is a HOME. Please treat it as such!!

* By providing your signature on contract you grant to Whispering Pines Farm, its representatives and employees the right to take photographs of you and your property in connection with Festival in the Woods. You authorize Whispering Pines Farm, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

*You also agree that Whispering Pines Farm may use such photographs of you with or without your name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

*Read through the liability certificate and sign!

*This is a grassroots festival. WPF asks that all vendors are patient setting up and tearing down. The main goal is for everyone to have a WONDERFUL and SUCCESSFUL experience! Once you are here, you are family!

*NO IMPORTS. ALL AMERICAN MADE PRODUCTS.

FOR IMMEDIATE QUESTIONS, CONTACT KERRY AT (724) 882-1021.

KEEP PAGES 1&2 FOR ALL VENDOR INFORMATION. WPF LOOKS FORWARD TO SEEING YOU SOON!

SEE LIABILITY FORM AND APPLICATION BELOW. THESE MUST BE RETURNED TOGETHER.

Whispering Pines Farm Spring Perennial Plant Sale

NAME: _____

BUSINESS NAME: _____

PRODUCT: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: (____) _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS or FACEBOOK LINK: _____

CONTRACT DEADLINE- Fri. April 5th!

VENDOR SPACE SIZE PRICING BELOW:

20 x 20: \$50.00 _____

DISCLAIMER: BY SIGNING THIS APPLICATION I HAVE READ ALL CONTENT ENCLOSED. I UNDERSTAND MY ENTRY FEE SHALL NOT BE RETURNED. IF ALL OR PART OF THE SHOW IS CANCELLED DUE TO ACTS OF GOD OVER WHICH WE, THE PROMOTERS, HAVE NO CONTROL AND THAT THE FEE IS NON-REFUNDABLE WHETHER I RETURN OR NOT. IN ADDITION NO FEES WILL BE RETURNED FOR ANY REASON.

SIGNATURE: _____

FOR WPF USE:

DATE: SPACE SIZE: AMOUNT PAID: CK#: CASH: DATE:

Liability Release Form

To Whispering Pines Farm

Event or Activity: _____

Participant: _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Sign Here if Participant is an Adult

Signature of Participant: _____

Date: _____

Sign Here if Participant is a Child

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____