



REGISTRATION AGREEMENT
SCHUYLER FAMILY FIT FEST featuring Strong Kids, Safe Kids

Saturday, September 29th, 2018 from 10:00 AM - 1:00 PM
 Montour Falls Fireman's Festival Grounds | State Route 224/Clawson Blvd., Montour Falls, NY

I AM A (please check one):

- Strong Kids, Safe Kids Participant (Providing activities geared towards kids) General Festival Participant (providing activities geared towards adults)

Business/Agency Name: _____

Contact Person: _____

Email Address: _____

Business Address: _____

Business Phone: _____ **Business Fax:** _____

Representative Name(s) that will be manning your booth. Please include email and phone number:

1: _____

2: _____

Schedule of Events:

9:00 AM - 10:00 AM Festival Set Up

10:00 AM - 1:00 PM Schuyler Fall Family Fit Festival

2:00 PM - 3:00 PM Festival Tear Down

About the Schuyler Fall Family Festival:

The Cayuga Health System (Schuyler Hospital and Cayuga Medical Center), Schuyler County Public Health and Strong Kids, Safe Kids have partnered up to present their first annual Schuyler Fall Family Fit Festival to our community! As a vendor, this is a unique and affordable opportunity to share with the local community how your business supports not only our community, but also a healthier and more vibrant lifestyle! If you are a doctor, a local chef or restaurant creating healthy meals, a massage therapist, a physical therapist, a yoga instructor, or any other fitting profession – this is the place for you!!!

1. Fee & Registration - Vendors must register by August 29, 2018.

To register, please return this completed form to:
Cayuga Medical Center, 101 Dates Drive, Ithaca, NY 14850
Attention: Jessica Adams

Space is limited and offered on a first-come, first-served basis. **To secure your table at the Schuyler Fall Family Festival you must submit this form with payment and the Certificate of Insurance.**

Vendor Commitment Fee: \$10.00

2. Payment can be made via Check (made payable to Cayuga Medical Center) Credit Card (MasterCard, Visa, or American Express), or Money Order. Please check payment type below.

 Check Money Order Credit Card (MasterCard, Visa, or American Express)

Credit Card Number: _____ - _____ - _____ - _____

Cardholder's Name: _____

Billing Zip Code: _____ Security Code: _____ Exp. Date: _____

Authorization Signature: _____ Date: _____

3. Insurance- It is required that all businesses participating in the Schuyler Fall Family Fit Festival secure and maintain the following general liability insurance coverage: \$1,000,000 per occurrence. **Furthermore**, every business must name Cayuga Medical Center, Schuyler County and the Village of Montour Falls as additional insured. A copy of your certificate of Liability insurance **must** be submitted with agreement. An example certificate of insurance is attached for your reference.

4. Schedule- You are required to set up and tear-down your own display. There is no early tear-down option available.

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5. Tables- An 8' table and linen to cover the table will be provided. If your display is taller than 3' for a table top display or 6' for a floor display, please let us know! We need this information to aid in the lay-out of the vendor tables.

6. Electricity - *If you do not select an option, you will not have access to electric.*

[] Yes, display requires electrical hook-up. (Each business is responsible for its own electrical cords.)

[] No, display does not require electrical hook-up.

7. Sales- Sales of your products or services are allowed pending review by the Schuyler Fall Family Fit Festival Committee. You must list below the products or services you would like to sell. Schuyler Fall Family Fit Festival Committee will review this information. You will be notified of their decision no later than August 31. You may only sell products or services that

have been approved by the committee. _____

9. **Activities** – What interactive activities are you planning for your booth? _____

10. **Community Wellness** – How does your business relate to health and wellness?

11. In addition to agency materials and educational handouts, please describe any "freebies" and/or food you will be handing out. Please note this is a healthy event, so items such as candy will not be permitted.

12. **Registration at Event** - Upon arrival, please be sure to register for the event with Cayuga Health System Staff. Please maintain a copy of this agreement for your files.

If you have any questions please contact Cayuga Medical Center and ask for Jessica Adams.

607.274.4104 - jadams@cayugamed.org - 101 Dates Drive, Ithaca, NY 14850

I hereby agree and promise to abide to all terms and conditions outlined above.

Signature: _____

Date: _____