**Winterfest Vendor Registration**

Saturday, December 12th, 2026 10AM - 3PM

Ki-Be High School, 1205 Horne Drive, Benton City, Wa

***Doors open for set-up at 8:00 AM***

***Must be cleared out by 4:00 PM***

Application Deadline: November 20, 2026

First & Last Name: Business Name: (if applicable)

Email Address: **(please print- this will be our primary form on communication)** Phone:

Mailing Address: City: State: Zip Code:

Sales & Social Media pages: Website, Etsy, Facebook...

Description of items being sold: (Please be specific and complete **(like items will be limited)**

*****VENDORS MUST PROVIDE THEIR OWN TABLES AND CHAIRS*****

| **Vendor Fees:** | **8' x 10' Space** | **Qty** | **Electricity Requested (Not guaranteed)** | **Total Due** |
|---|---|---|---|---|
| BC Chamber Member | $35 | | | $ |
| Non-Chamber Member | $45 | | | $ |

If you would like to donate an item to our raffle, please describe the item and retail value. Please submit your donation at check-in. Money raised from the raffle goes towards Blessing Boxes for families in need.

Item Description & Retail Value:

Please send registration to: info@bentoncitychamber.org or mail to PO Box 401 Benton City, WA 99320 or you can drop off at our office at 513 9th St, Benton City, WA 99320

Once your registration and waiver of liability are received, we will send a payment link through our QuickBooks account. Please do not send checks in the mail, you can pay with check in our office if needed.

I,_____, wish to participate in the Benton City Chamber of Commerce Winterfest event. I understand that applying is no guarantee of acceptance, that like products will be limited, and returning vendors in good standing will receive preference. Confirmation of acceptance or denial for participation in this event will be emailed within 3 weeks of event. Cancellations after November 27, 2025, are non-refundable. I agree that any images taken at this event may be used for promotional purposes by the Benton City Chamber of Commerce without compensation.

Signature: Date:

# ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

- I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY & ALL ACTIVITIES ASSOCIATED WITH THE BENTON CITY CHAMBER OF COMMERCE AND THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

- I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this activity.
- I acknowledge that the Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities as said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of the entries or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:

_____

Participating Business Name or Legal Name of Participant

_____

Address of Participating Business or Participant

- INDEMNIFY, HOLD HARMLESS, AND PROMISE TO NOT SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
- I acknowledge and unconditionally release and forever discharge any persons, entities, and their respective directors, officers, employees, agents, contractors, partners, shareholders, successors, assignees, parent or subsidiary entities, representatives, and NOT responsible for the errors, omissions, acts, or failures to act of any party and entity conducting a specific activity on their behalf.
- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
- I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGNED IT OF MY OWN FREE WILL.

Participant's Signature_____ Date_____

Participant's Name (Print) _____

Parent/Guardian Signature_____

***If under 18 years old, parent or guardian must sign**