

Saturday, July 20, 2019 **DEADLINE FOR GUIDE:** Friday, July 11 Date: Must be within city of Warrenton corporate limits Place: Hours: Hours vary by location Free – no fee for inclusion in Citywide Yard Sale Guide Fee: First Name: _____ Last Name: ______ Address of Sale: ______ Subdivision_____ Phone Number: ______ Email: ______ Brief Directions: _____ Hours of sale: Listing (word for word) to be included in the yard sale guide must not exceed 50 words:

To the fullest extent permitted by law, the Vendor agrees to indemnify and hold harmless the City, its officers, engineers, representatives, agents and employees from and against any and all liabilities, damages, losses, claims or suits, including costs and attorneys' fees, for or on account of any kind of injury to person, bodily or otherwise, or death, or damage to or destruction of property, or any other circumstances, sustained by the City or others, arising from Vendor's participation in the event. Vendor also agrees that on behalf Vendor's heirs, assigns personal representatives and next of kin, hereby release the City of Warrenton, other participants, sponsoring agencies, advertisers, and if applicable, owners of the premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my involvement or participation in these programs, whether arising from the negligence of the City of Warrenton or otherwise, to the fullest extent permitted by law. I, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in the event, even if arising from negligence, to the fullest extent permitted by law.

I, the undersigned, in consideration of the ability to participate in the event, understand and agree to the information on both sides of this form. I understand and agree that the additional requirements listed in the event specific guidelines are a part of this agreement.

Signature of Responsible Party: ______Date: _____Date: _____Date: ______Date: ______Date: ______Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: ______Date: _____Date: ___

For Office Use Only			
Residency Confirmed	Staff Initials	Date	
Paperwork Provided	Entered into System	Staff Initials	