

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

2025 Toledo Swap Meet

Vendor Name: _____

**** Please note: It is a requirement that all participants in the 2025 Toledo Swap Meet to sign and return the attached waiver by (DATE) to: Toledo Chamber of Commerce, (ADDRESS), (EMAIL)

In consideration for receiving permission to participate in the 2025 Toledo Swap Meet event, the Vendor hereby releases, waives, discharges and covenants not to sue the Toledo Chamber of Commerce or the City of Toledo, OR, its agents, volunteers, or officers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Vendor, or any of the property belonging to the Vendor whether caused by the negligence of the Vendor/Releaser, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected with the 2025 Toledo Swap Meet and I hereby elect to voluntarily participate in said activity with full knowledge of the risks. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such activity, whether caused by the negligence of Vendor/Releaser or otherwise.

I further hereby agree to indemnify and hold harmless the Toledo Chamber of Commerce and the City of Toledo, OR, its agents, volunteers and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of Vendor/Releaser or otherwise.

I understand that the Toledo Chamber of Commerce and The City of Toledo does not provide any insurance coverage for vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my own insurance portfolio.

Date _____

Name of Business _____

Signature _____

Title _____

MAIL TO: TOLEDO CHAMBER OF COMMERCE PO BOX 249 TOLEDO, OREGON 97391