



Mansfield Gay Pride Association
PO Box 285, Mansfield, OH 44901
Mansfieldgayprideassociation.org

2021 Mansfield Pride Festival Vendor Concession Contract

The parties to this contract are Mansfield Gay Pride Association (hereafter "Organizer") and signed Vendor below.

Company Name: Galion City Health Dept
Contact Name: Tina Nichols
Address: 113 Harding Way E
City: Galion State: OH Zip Code: 44833
Phone Number: 419-468-1075 x 1271
Contact Phone Number: 419-779-4990
Email Address: tina.nichols@galionhealth.org

Whereas, Organizer is hosting an event known as Mansfield Pride Festival to occur at Central Park on 08/07/2021, and has the right to license concessions to vend at and during the Event, and Whereas, Vendor desires to vend:

Booth with PrEP information Sexual Health, free
condoms and lube. Information on how to be
assisted with Pre-exposure Prophylaxis. cost.
_____ at and during said Event.

Size & Pricing: Commercial

| | | | |
|---------|--|----------|----------|
| 12 x 12 | | Festival | \$150.00 |
| 12 x 24 | | Festival | \$250.00 |
| 12 X 48 | | Festival | \$325.00 |

Size & Pricing: Non-Profit (Non-Profit- that is not selling or taking donations for merch/food)

Must be a registered 501(C) (3) and provide proof in order to get discounted rate. No further discounts apply

| | | | |
|---------|--|----------|---------|
| 12 x 12 | | Festival | \$40.00 |
| 12 x 24 | | Festival | \$70.00 |

Size & Pricing: Non-Profit (Non-profit selling merch/food or taking donations for merch/food)

Must be a registered 501(C) (3) and provide proof in order to get discounted rate. No further discounts apply

| | | | |
|---------|--|----------|----------|
| 12 x 12 | | Festival | \$75.00 |
| 12 x 24 | | Festival | \$125.00 |

Size & Pricing: Community Sale Point (Table only)

| | | | |
|-------|--|----------|---------|
| 6 x 6 | | Festival | \$50.00 |
|-------|--|----------|---------|

Additional Fee's & Rentals:

| | | | | | | | | |
|-----------------------------|---------------------|-----------|--|----|-------------------------------------|-----|---|----------|
| 8' Folding Table | | \$15 Each | | No | <input checked="" type="checkbox"/> | Yes | 1 | Quantity |
| Chair(s) | 4 | \$8 Each | | No | <input checked="" type="checkbox"/> | Yes | 4 | Quantity |
| Damage Insurance (Required) | 10% of Total Rental | | | | | | | |
| | | | | | | | | |

| | |
|--|------|
| Rental Space: | |
| Additional Rental Fees: | |
| *Deposit/Clean Up Fee (Food Vendors Only): | \$50 |
| Damage/Insurance (required): | |

TOTAL: 500.⁰⁰
(Entry fee)

Please read this section carefully and be aware that in signing up and participating in the 7th Annual Mansfield Pride Festival Parade, you will be expressly assuming the risk and legal liability and waiving and releasing all claims, damages or losses which you, your staff or your volunteers, minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation when provided).

I recognize and acknowledge that there are certain risks of physical injury to participate in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or losses, regardless of severity, that my staff or my volunteers, minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I, my staff or my volunteers, or my minor child/ward may have (or accrue to me or my child/ward) against the Parade Committee and foundation, including its agents, elected officials, employees, and volunteers (hereinafter, collectively referred to as the Mansfield Gay Pride Association), including claims of negligence.

I do hereby fully release and forever discharge Mansfield Gay Pride Association from any and all claims for injuries, damages, or loss that my staff, my volunteers, my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of connected with, or in any way associated with Mansfield Gay Pride 2021 programs/activities, including claims of negligence.

I also agree to grant full permission to the Mansfield Gay Pride Association to use my name, photo, video or recording for publicity or promotional purposes without obligation or liability to me, my staff or my family.

I have read and understand the above Waiver and Release of All Claims and Assumption of Risk.

AB Initial here to indicate your understanding of this policy

Galion City Health Department
Parade Participant Name Tina Nichols
Sarah Miley

Andrea Barnes
Parade Participant Signature

7/2/2021
Date

Mansfield Gay Pride Associate Name

Mansfield Gay Pride Association

Date

Please Return to:

ATTN: Tim Denis
Mansfield Gay Pride Association
PO Box 285
Mansfield, OH 44901

Questions:

Please email:

TimD@MansfieldGayPrideAssociation.org

*Group B will take in consideration those who need the aide of walking by machinal devices.