



Bark Around Ayala Park
 5575 Edison Avenue, Chino, CA 91710
Saturday, November 14, 2020
 9:00 a.m.-12:00 p.m.



VENDOR APPLICATION
 (Please print clearly or type)

Name of Company/Organization _____

Full Name of Person to Contact _____ Title _____

Address _____ City _____ Zip _____

Day ☎ () _____ Cell ☎ () _____

Email _____

TYPE OF PARTICIPATION (Please check all that apply)

- *Non-Profit Information Vendor Advertisement (Fee \$13) **Commercial Information Vendor Advertisement (Fee \$24)

***A 501(c)3 form must be provided with this application as proof of non-profit status. **Commercial = Operating a business for profit**

NOTICE: PLEASE BE AWARE OF THE FOLLOWING:

PLEASE INITIAL THAT YOU HAVE READ THESE ITEMS: _____

- IF THE EVENT IS CANCELLED DUE TO SEVERE WEATHER, A FULL REFUND WILL BE ISSUED FOR THE ADVERTISEMENT FEE.
- VENDOR/APPLICANT MUST PROVIDE MARKETING MATERIALS BY **NOVEMBER 4, 2020**.
- THE CITY OF CHINO WILL NOT MONITOR NOR GUARANTEE EXCLUSIVITY OF ADVERTISEMENTS.
- **NO REFUNDS FOR CANCELLATIONS AFTER FRIDAY, OCTOBER 16.**

EVENT REQUIREMENTS

- Complete application form and submit payment upon approval of participation from City staff.
- I am a non-profit organization and have a valid 501(c)3) **501(c)3#** _____

GENERAL EVENT INFORMATION

- Event duration is 9:00 a.m. to 12:00 p.m.
- Vendors will be able to market their company's product/s or service/s via a QR Code that will link the participant directly to the vendor's website, PDF brochure, or flyer.
- Participants will receive a map of the dog walk trail. There will be posters throughout the dog walking route and participants will scan the QR code on the poster to receive information about a pet business (vendor), a dog fun fact, and a mystery word to complete the phrase on their cards.
- All applications are subject to approval and will be reviewed in the order they are received.
- Priority goes to sponsors/partners, pet vendors, and health vendors. **Space is limited.**

PAYEE INFORMATION (if paying with check or credit card and if different than contact person at top of form)

Name Listed on Check or Credit Card _____ Primary Phone () _____

Address _____ City _____ Zip Code _____

Emergency Contact _____ Phone () _____ Relation _____ DOB _____

**-Turn over for more information
 APPLICATION SUBMISSION**

Completed applications must be received no later than Friday, October 23, 2020.

- Applications must be submitted to:
 Attn: Brittany Zarcad, Community Services Coordinator
- **By E-Mail:** bzarcad@cityofchino.org
- **By Mail:** Carolyn Owens Community Center
 13201 Central Avenue, Chino, CA 91710.
- Make check/money order payable to: **City of Chino**

For more information, contact:

- **Brittany Zarcad**, Community Services Coordinator
 909.334.3466 | bzarcad@cityofchino.org
- **Healthy Chino Office**
 909.334.3478 | healthychino@cityofchino.org

*** WAIVER AND RELEASE BY APPLICANT(S)
FOR PARTICIPATION IN A CITY OF CHINO SPONSORED PROGRAM AND/OR
USE OF A CITY OF CHINO FACILITY**

Participant Name: _____ Activity: Bark Around Ayala Park

Program Dates: From: November 14, 2020 To: November 14, 2020

In exchange for being permitted to participate in any City of Chino activity and/or use any City of Chino facility, I acknowledge and attest to the fact that:

1. My participation, and/or that of my child/children/guardians, is voluntary.
2. My participation, and/or that of my child/children/guardians, may result in injury, death, property damage, and other losses, and I assume all of those risks.
3. I am legally competent to understand and accept the associated risks.
4. I waive, and release the City, its officials, employees, and volunteers from, all claims for any injury, death, property damage, or other loss resulting from my participation in the activity, and/or that of my child/children/guardians.
5. I am responsible for payment of all fees for, and liabilities and damages resulting from, my participation in the activity and/or that of my child/children/guardians, including damages to City property, injury to other participants, or other losses of any kind.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my willful misconduct, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that such photographs and film will be the sole property of the City and that neither I nor my child/children/guardians will be entitled to any license fee or royalty for the City's use thereof.
8. I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice.
9. I agree that City fliers and class schedules are not an expressed and implied contract.
10. I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission related to the activity.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use of rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.
13. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Although the City is following recommended steps by County health officials, the City cannot protect participants and their family against all possible risks of COVID-19. I understand and acknowledge that participants are encouraged to wash their hands frequently and must take all necessary steps to protect their health consistent with federal, state and county public health guidelines. By participating in the activity, potentially being exposed to others who might have COVID-19, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I am signing a full release of any and all liability against the City of Chino and do so of my own free will.

Printed Name: _____ Parent/Guardian

Signature: _____ Date: _____

Address: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Organization (if any): _____

***** **FOR OFFICE USE ONLY** *****

Staff member printed name: _____ Date: _____

*** To be completed by each adult (18 years of age or older)**