



Vendor Registration Form

Community Yard Sale

Saturday July 31 , 2021 8am-12pm
Bonita High School Parking Lot

Name: _____

Address: _____ City _____ Zip _____

Email: _____ Phone: _____

☐ Single Space @ \$30

☐ Double Space @ \$40

I will be selling:

☐ Gently Used Items

☐ New Items

Spaces are assigned on a "first come, first served" basis so get your application in early! Return completed application to the La Verne Chamber of Commerce 2332 D Street Unit E, La Verne, CA 91750. Spaces will be assigned.

I, the undersigned in consideration of my participation in this activity, and intending to be legally bound for myself, child, heirs, executor and administrators, do hereby release and discharge the City of La Verne, the Chamber of Commerce and their respective officers, directors, employees, volunteers, partners (including but not excluding the Bonita Unified School District) and contractors, jointly and severally, from any and all liability from personal injury, accident, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from my participation in the above mentioned event(s), and I expressly assume all risks of my participation in this event including without limitation, injury as a result of acts of omission of the above parties or some defect in or on their property of any of them, whether caused by negligence or otherwise, except for illness and injury resulting directly from solely gross negligence of willful misconduct on the part of the City, Chamber or its employees and I agree to indemnify, save, hold harmless and defend each and every of the above parties of and all loss, damage, expenses, costs and attorney's fees arising out of or resulting from my participation in this event. I certify that I have read and understand this waiver and release. Participants involved in this event may be photographed and such photographs may be used to publicize City and Chamber programs/classes without compensation and without further permission. Event will occur rain or shine, **there are no refunds.**

Signature _____

Date _____

Space #s _____, _____

Total Paid\$ _____ Payment Method: ☐ Cash ☐ Check ☐ Credit Card

Vendor Information Sheet ☐