

Ladysmith Festival of Lights Craft and Artisan Fair
Thursday, November 24, 2022
(3:00 pm to approximately 9:00 pm)
REGISTRATION 2022

NAME _____

MAILING ADDRESS _____

CITY _____ POSTAL CODE _____

TELEPHONE _____ FAX _____

E-MAIL (please print clearly) _____

CRAFT(S) (PLEASE BE SPECIFIC AND ENCLOSE A PICTURE IF YOU HAVE NOT PREVIOUSLY HAD A TABLE AT OUR CRAFT FAIR)

Entry Fees: Please indicate your preference: All tables are 6 ft. x 2 ½ ft.

Inside table \$50 _____ Perimeter table \$55 _____

Will you need electricity? (available for Perimeter tables only on a first come, first served basis.)

Yes _____ No _____

Total enclosed _____ (\$25 fee for returned cheques)

Do you require handicap parking? _____ (Valid sticker must be displayed)

PLEASE ATTACH YOUR SIGNED WAIVER FORM TO YOUR REGISTRATION APPLICATION.

Registrations will not be processed until you have returned the completed form, your cheque and your Department of Health permit (if needed) to:

Ladysmith Festival of Lights Craft and Artisan Fair
PO Box 98,
Ladysmith, BC V9G 1A1

----- Festival of Lights use only -----

Total received: _____ Date paid: _____

Received by: _____

LIABILITY WAIVER

In consideration of your acceptance of my application to participate in the 2022 Ladysmith Festival of Lights Craft and Artisan Fair at Aggie Hall, Ladysmith, I agree to release, save harmless and indemnify The Festival of Lights committee, their volunteers, The Town of Ladysmith and its employees and or agents in respect of death or injury, loss or damage to my person or that of my agent* or property, wheresoever caused, arising out of, or in connection with my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by any act or failure to act including, without limitation, negligence) The Town of Ladysmith or any one or more of their employees or agents or any volunteer.

The Festival of Lights Committee reserves the right to cancel the Craft and Artisan Fair and return registration fees and not be held liable for any expenses incurred by the undersigned.

This agreement is binding on you and your agents*, and your heirs, Executors and Administrators.

* “Agent” refers to persons hired or acting on your behalf.

I have read and understand the above waiver.

Name (please print) _____

Signature: _____ **Date:** _____