

**Craft and Art Fair flyer/Contract only**  
**Do not use this application for Food Booths or Sponsor Booths**

## **2012 Lisle Eyes to the Skies Festival**

At Lisle Community Park, 1825 Short Street, Lisle

**Craft Show Hours are Friday June 29th 3:00 pm to 11:00pm**  
**And Saturday June 30th & Sunday July 1st from 11 am to 11 pm**

Be sure to visit our website at: [www.eyestotheskies.org](http://www.eyestotheskies.org)

Please fill out and return by **May 1st** to:

Lisle Eyes to the Skies Committee; Att: Wendy Nadeau/Craft Fair

4745 Main Street, Suite 101 Lisle, IL 60532

Questions? Email Wendy at: [wendynadeau@yahoo.com](mailto:wendynadeau@yahoo.com)

PLEASE PRINT

Name/Company \_\_\_\_\_ Home Phone \_\_\_\_\_

\*Email \_\_\_\_\_ Bus./Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Product- Please send a photo of item also. \_\_\_\_\_

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**10X12 Space at \$350 a Space. Add your second booth for only \$300.**

**Electric will be provided (900 watts), to each Vendor. Vendor must supply their own electric cord (100 ft), tent, table(s), and chair(s) for their own space.**

**Liability Insurance Required by artist/crafter; if you do not have insurance we will cover you under our policy at the cost of \$50 for the weekend.**

**One parking pass will be issued per booth. Car Plate Number \_\_\_\_\_. No Motor Homes/RV's are allowed to camp anywhere on Festival site or Parking lots. Per LPD Ordinance 2.07.Camping.**

**\*The sale of glow products are not allowed, no exceptions.**

**Initial Here \_\_\_\_\_ that you acknowledge this policy.\***

**Festival is Rain or Shine. No refunds will be given for any reason.**

Number of Booths \_\_\_\_\_ Cost \$ \_\_\_\_\_

Insurance: I have my own, copy of policy attached \_\_\_\_\_. I need insurance coverage for the Fest \_\_\_\_ (Cost \$50).

**\*see page 3 for how insurance certificates need to be written out\***

Check/Money Order Number: \_\_\_\_\_ Total Payment: \_\_\_\_\_ **Make payment to: Lisle Eyes to the Skies**

**Send in both pages of agreement signed and copy of insurance certificates, with your check or money order. Please make sure all information is complete and all forms are sent in together including insurance information. Make sure insurance certificates are made out according to attached insurance page. **DO NOT SEND APPLICATION WITHOUT INSURANCE CERTIFICATES.** (\*unless you are paying to be on our policy) You will receive an email confirmation of participation once we receive all information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**

IN CONSIDERATION of participating in the Lisle Eyes to the Skies Festival (“Event”), I \_\_\_\_\_ (company name / “Participant”) agree to indemnify, defend, and hold harmless the Lisle Eyes to the Skies Festival Committee, Lisle Park District, Village of Lisle, Lisle Community School District No. 202, Event sponsors, and all others directly associated with the Event and location at which the Event is conducted, from and against all claims, losses, damages, and expenses of any nature whatsoever arising from Participant’s involvement in the Event.

I, as a duly authorized representative of the Participant, acting with full authority on Participant’s behalf, hereby covenant not to sue, release, and discharge the Lisle Eyes to the Skies Festival Committee, Lisle Park District, Village of Lisle, Lisle Community Unit School District No. 202, Event sponsors, and all others directly associated with the Event, or their respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which the Event takes place (collectively, the “Releasees”), from all liability, claims, demands, losses, or damages on my account or that of my agents, employees or volunteers, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise. I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf or that of my agents and/or employees, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, and/or cost which may occur as the result of such a claim. Furthermore, I release and discharge the Releasees from all liability, claims, demands, losses, or damages relating to any claims, demands, losses, or damages relating to any claims by myself, my agents, employees, or volunteers resulting from injuries, including death, damages, or loss which I or my employees or volunteers may have and/or which may occur due to my participation in any portion of this Event, and any act, omission, wrongful act, or negligence of Participant or any of Participant’s contractors or subcontractors, or the partners, directors, officers, agents, employees, invitees of Participant or Participant’s contractors or subcontractors.

**I have read this Agreement and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature, and I intend this Agreement to completely and unconditionally release the Releasees from all liability as herein described.** I further agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in force and effect. Furthermore, I agree to abide by the rules and regulations of the Event and agree to remove any items that the Event deems inappropriate or potentially dangerous to the public, and I agree to keep Participant’s area clean and free of garbage and to completely clean Participant’s area at time of departure. This Agreement shall be governed by the laws of the State of Illinois.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Printed Name of Participant’s  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant’s  
Authorized Representative

# Lisle Eyes to The Skies Festival

**IMPORTANT!**

## Certificate of Liability Insurance Information

**Must be mailed with application prior to May 1, 2012**

4745 Main Street, Suite 101 Lisle, IL 60532

Before you will be allowed to participate in the Lisle Eyes to the Skies Festival, you must submit proof of a Certificate of Liability Insurance with a minimum of \$1 million coverage for each occurrence.

**IMPORTANT: PLEASE CLEARLY IDENTIFY YOUR  
ON SITE FESTIVAL CRAFTER/VENDOR NAME ON  
THE CERTIFICATE.**

**The Certificate MUST name the following organizations as additional insured.**

- Lisle Eyes to the Skies Festival Committee  
4745 Main Street, Suite 102  
Lisle, IL 60532
- The Village of Lisle, its officers, employees or agents  
1040 Burlington Avenue  
Lisle, IL 60532
- The Lisle Park District, its officers, employees or agents  
1825 Short Street  
Lisle, IL 60532
- Lisle School District No. 202, its officers, employees or agents  
5211 Center Street  
Lisle, IL 60532

**Any questions, please email: [wendyjnadeau@yahoo.com](mailto:wendyjnadeau@yahoo.com)**