



FOOD PURVEYOR CONTRACT
Historic Bluffton Arts & Seafood Festival
2009

EVENT: Historic Bluffton Arts & Seafood Festival
DATE OF EVENT: Saturday, October 24 and Sunday, October 25, 2009
TIME OF EVENT: 10:00 AM – 5:00 PM on Saturday and 10:00 AM – 4:00 PM on Sunday
PLACE OF EVENT: Calhoun Street

FOOD PURVEYOR: _____

ADDRESS: _____

PHONE: _____

CONTACT: _____

I agree to provide the following food item(s)* at the prices listed below:

I further agree to maintain a food station and to provide a server at said food station for the aforementioned time period as stated above. I also agree to have the food station and server in place by 9:00 am and ready to serve from 10:00 am to 5:00pm. All tables, tents, serving pieces, heating elements, food warmers, refrigeration, etc. are the sole responsibility of the food purveyor. Included with this application is a copy of establishment's liability insurance policy (naming Historic Bluffton Arts & Seafood Festival Committee and the Town of Bluffton as additional insured) and food handling license.

Food Purveyor Signature

Date

Title

DETAILS OF FOOD STATION

Please provide a detailed description of how you will be serving your food. Include what you are using to keep food hot, if applicable or cold.

Electrical need at food station _____ yes _____ no
If yes, # of amps needed _____ watts _____

***IF SERVING SEAFOOD, ONLY LOCAL SEAFOOD IS PERMITTED TO BE SOLD AT THIS EVENT; IMPORTED SEAFOOD PRODUCTS ARE NOT PERMITTED TO BE SERVED.**

**HISTORIC BLUFFTON ARTS AND SEAFOOD FESTIVAL
HOLD HARMLESS AGREEMENT
OCTOBER 18 - 25, 2009**

YOU MUST READ AND SIGN THIS TO PARTICIPATE!
Please sign and return with your registration

Date: _____ Company Name: _____

Name: _____
(print name)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

In consideration of your accepting my registration, or my child's registration, my involvement as a participant, or my child's involvement as a participant, I hereby for myself and my minor child, my company, employees, agents, heirs, executors and administrators waive and release any and all rights and claim for damages I or my minor child, my company, employees, agents, heirs, executors and administrators may have against the Rotary Club of Bluffton, D&L Seafood d/b/a Bluffton Oyster Company, Beaufort County and the City of Bluffton, including all representatives who are in any way connected with the Historic Bluffton Arts & Seafood Festival. Further, in the event of any injury, I do hereby give permission and consent to authorize such First Aid and/or Medical and/or Hospital care or treatment as deemed appropriate. In addition, I am fully aware of the provisions covered by the fee for this event and I understand that if any emergency arises, any and all additional expenses incurred must be borne or assumed by the participants. The managing committee of the Historic Bluffton Arts & Seafood Festival has permission to take, or cause to be taken, photographs of myself while participating in any Historic Bluffton Arts & Seafood Festival events. I understand that these photographs may be used for Historic Bluffton Arts & Seafood Festival advertising and public relations through and not limited to brochures, flyers, or newspapers.

Date: _____

By: _____

(Please print name)

Signature: _____