



Vendor Agreement

The ASF Walk features vendors that provide resources or support items specifically designed for individuals with Angelman Syndrome. Vendor examples include government entities, community organizations, product manufacturers, topical subject matter experts, and a variety of professionals who are familiar with the needs of individuals with AS.

Non-profit organizations will be provided space free of charge. For-profit vendors will be provided space for a donation of \$_____. All vendors may distribute literature or promotional items. For-profit Vendors agree to donate back to the Angelman Syndrome _____ percentage of Walk Event sales.

If you wish to reserve a space, please provide the following:

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

My product is: _____

The Walk location is at _____. **Registration opens at _____ am**, with the walk kicking-off at _____ am. Post-walk festivities are expected to last until _____ pm. You are welcome to come and **set-up any time after 7:30 am**. Please plan on bringing a table suitable for your needs. If you have any questions, please **contact** _____.

Would you like to donate an item or basket for our prize raffle? ___Yes ___No

A great way to advertise your business –include your business card!

We reserve the right to approve or reject vendors for any reason. It is necessary for all vendors to sign the following Walk Waiver Release for insurance purposes.

An application without this signature is not deemed complete and will not be considered.

Walk Waiver Release

In consideration of my being allowed to participate in this event, and intending to be legally bound, I hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights, claims, and causes of action against the organizers, sponsors, and any others connected to the Angelman Syndrome Foundation National Walk, their representatives and successors, for any injury, loss or damages I may sustain as a result of my involvement with the event. If I am signing on behalf of a minor, I represent that I have the authority to grant this waiver and release. I represent that I am medically able to participate and I assume all risks of participating in this event. I will permit any emergency treatment in the event of injury or illness while participating in the event. The Angelman Syndrome Foundation reserves the right to dismiss anyone that may cause any disturbance. Further, I hereby grant full permission to any and all of the foregoing organizers and sponsors to use any photographs, videotapes, motion pictures, recordings or any other record of this event which may include my name, voice or likeness for any legitimate purpose, including advertising, I understand that I will receive no compensation from any such publicity.

Signature _____ Date _____

Mail to: Angelman Syndrome Foundation, 3015 E. New York St., Suite A2-#285, Aurora, IL 60504 or scan and email to kmurphy@angelman.org