

## WAIVER AND RELEASE

THIS WAIVER AND RELEASE is made by \_\_\_\_\_  
(Vendor Company Name) in favor of LEAVES & LAGER, The Dakota James Foundation.

### INTENT

**(1) THIS WAIVER AND RELEASE MUST BE PROVIDED TO LEAVES & LAGER BY THE VENDOR WHO, AFTER MAKING REASONABLE ATTEMPTS, IS NOT ABLE TO PROVIDE LEAVES & LAGER WITH A CERTIFICATE OF INSURANCE AS DESCRIBED IN THE VENDOR APPLICATION.**

**(2) AS SIGNATORY TO THIS WAIVER AND RELEASE, VENDOR. ASSUMES ALL RESPONSIBILITY FOR AND RELEASES THE FOLLOWING PARTIES: Leaves & Lager, The Dakota James Foundation, The Great Frederick Fair, Inc. and The Frederick County Agricultural Society Inc. FROM ALL CLAIMS AS DESCRIBED BELOW ARISING FROM THE VENDOR'S PARTICIPATION IN LEAVES & LAGER.**

### CONDITIONS:

(1) Waiver and Release: The Vendor assumes all responsibility for and all risk of any damage or injury whether to property or person, including death that may occur to the Vendor, its employees, agents, licensees, or invitees at or in connection with Leaves & Lager. The Vendor further releases all parties shown under # (2) above, its officers, directors, employees, agents and volunteers from all claims, demands, rights or causes of actions, present or future, known, anticipated or unanticipated, resulting from or arising out of or incident to the Vendor's use of any facilities at the Frederick Fairgrounds or as result of or incident at Leaves & Lager.

(2) Miscellaneous: This Waiver and Release is in addition to and not by way of limitation of any term, covenant, condition or indemnification in the Vendor Agreement. Vendor understands and acknowledges that Vendor may be waiving important legal rights by its execution of this form and Vendor acknowledges that it has had an opportunity to review this form with counsel of its choice. The person executing this Waiver and Release on behalf of the Vendor hereby confirms that he or she is authorized to do so.

**IN WITNESS THEREOF**, Vendor, by its duly authorized representative, has executed this form.

**WITNESS:**

\_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_

**Attn ALL Vendors:**

Name: \_\_\_\_\_

**Please send Certificate of Insurance or  
Waiver/release to:**

Title: \_\_\_\_\_

**Leaves & Lager, Dakota James Foundation  
PO Box 1464, Frederick, MD 21702**

Company: \_\_\_\_\_

Date: \_\_\_\_\_

**Must be received by September 23, 2021**