

CATONSVILLE HIGH SCHOOL PTSA FALL CRAFT FAIR CONTRACT
NOVEMBER 10, 2012

Thank you for your support for the CHS PTSA Craft Fair.

Name of Crafter _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone _____ **Email:** _____

Can we send your space confirmation letter via email? Yes No

License plate number of the vehicle that will be parked on the designated crafters' parking lot the day of the event is _____

Description of your craft/product: _____

If you would like to donate a door prize, we will pick it up from your table the morning of the fair.

Number of 6'x 12'spaces needed @ \$30 (Please send in your contract before Oct 20th, for a confirmed space): _____

1/4 Page ad in booklet @ \$10 (please tell us by 10/1/12) _____

A limited number of 6' tables available at \$15 each; 2 chairs per space provided free while supplies last.

Electric needed: Yes No (circle one) -- \$10/space; Access to electrical outlets is limited; if electricity is critical for your booth, be sure to register early!

Enclosed is \$ _____

for my _____ **space(s)reservation ,** _____ **table(s) if available,** _____ **electricity,**

1/4 Page ad _____

Make all checks payable to **CHS PTSA**; option to pay via **PayPal** (register through CHS website).
Please mail this contract along with the **Hold Harmless Agreement**

No refunds will be issued after November 1st.

Please return this contract by October 1, 2012 if you are advertising in the booklet, and by Oct 20th, 2012, if you want a confirmed space.

Catonsville High School
PTSA Craft Fair
421 Bloomsbury Ave, Catonsville, MD 21228

Space confirmation will be emailed no later than November 8th
Please email at craftfairchs@gmail.com, with any questions

Maryland PTA insurance does not cover vendors/concessionaires/service providers.
Consequently, all vendors/concessionaires/service providers are required to provide Evidence of
Insurance to each PTA.

HOLD HARMLESS AGREEMENT
FOR PTA FUND RAISING VENDORS/CONCESSIONAIRES/SERVICE
PROVIDERS

Insurance Requirements:

- (a) Workers' Compensation Insurance. Required if you have employees engaged in the performance of work under the agreement.
- (b) Comprehensive General Liability, Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and include Bodily Injury, Property Damage, Personal Injury.
- (c) Automobile Liability Insurance. Required only if you are providing transportation (e.g., limousine or bus service) at PTA event. \$1,000,000 limit required.

If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy **MUST** be submitted with your contract.

Contract containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:

The Maryland Congress of Parents & Teachers, (Maryland PTA) including all units and councils, and all their officers, directors, members and volunteers. The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and

(Name of vendor/concessionaire/service provider)

I/We _____(vendor/concessionaire/
service provider) agree(s) to defend and to indemnify and hold harmless, the Maryland Congress of Parents and Teachers, (Maryland PTA) including all units, councils and all of their officers, directors, members and volunteers, but only with respect to liability for bodily injury or property damage or personal and advertising injury caused, in whole or in part, by my/our acts or omissions or the acts or omissions of those acting on my/our behalf:

- A. In the performance of my/our operations; or
- B. In connection with my/our premises rented to you; or
- C. In the sale or distribution of my/our products.

NOTE: The terms and conditions of this agreement shall apply with respect to Vendor's/Concessionaire's/Service Provider's operations for any PTA unit that is part of Maryland State PTA.

DATE: _____ SIGNED: _____

(Vendor/Concessionaire/Service Provider)

NAME OF ENTITY: _____ TITLE: _____

NOTE: Failure of Vendor/Concessionaire/Service Provider to keep the required insurance policies in full force and effect during the work covered by this agreement shall constitute a breach of this agreement. In the event of a breach, PTA shall have the right but not the duty to procure insurance covering the vendor or the period of this agreement. The cost of this insurance will be deducted by the PTA from the proceeds due to the Vendor/Concessionaire/Service Provider.