



AHCCC

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COMMUNITY FLEA MARKET REGISTRATION FORM

Name of Registrant: _____
 Address: _____
 City, Zip Code: _____
 Phone: _____ Email: _____

Choose your booth size and how many booth spaces.

Tables are NOT included. Mark how many you need or you may bring your own.

10x10 (\$50)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6x6 (\$30)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Table(s) (\$5/ea)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

TOTAL \$: _____

Spaces are assigned to you and your booth# will be given a week before the event

Please indicate needs:

Electrical outlet Window booth (10x10 only & limited spots) Other: _____ None

Description of goods to be sold: _____

Payment Information (circle one): Card (Visa, MC, Disc, AMEX) Cash Check
 (For CHECKS: Make payable to Agoura Hills/Calabasas Community Center)

_____ → Card #: _____ Exp: ___/___ CVC: _____

I authorize the Agoura Hills/Calabasas Community Center to charge the credit card listed above in order to reserve my space for the Indoor Flea Market. If I choose not to list my credit card, then I agree that I MUST come in and present the card in person in order to secure my space.

Cardholder signature: X _____

Would you like to be contacted for future events at the Community Center? Yes No

GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.

Signature: _____

Date: _____

Staff Initials: _____