



# 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** (Tables may only be purchased with a booth space)

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) <i>Only with booth purchase</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**TOTAL \$:** \_\_\_\_\_

**Spaces are assigned to you; when you arrive to setup, look for your name at the booth**

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 Flea Market. If I choose not to, then I agree that I MUST come in and present the card in person in order to secure my space.

Cardholder signature: X \_\_\_\_\_

### 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 actions 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: \_\_\_\_\_