

**VENDOR'S 2009 MEMBERSHIP AND SPACE RESERVATION**

Bay Area Horseless Carriage Club

**SWAP MEET Sunday – August 30, 2009**

**California State University - Hayward**

**PLEASE PRINT OR TYPE – INFORMATION MUST BE LEGIBLE**

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

Address \_\_\_\_\_ email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State Issued by \_\_\_\_\_

All space costs include associate members dues

\_\_\_\_\_ **Paved spaces** (approximately 20'x 20') @ **\$40.00** Total \_\_\_\_\_

\_\_\_\_\_ **Car corral** (approximately 10'x 20') @ **\$25.00** Total \_\_\_\_\_

(A swap space is two diagonal parking places)

I am a returning vendor and would like to have the same location as last year

Check One:

I hold a valid seller's permit number: **S** \_\_\_\_\_

I am an occasional seller.

**RELEASE OF LIABILITY**

The undersigned, desiring to enter and participate in the August 30, 2009 Swap Meet at California State Hayward sponsored by the BAY AREA HORSELESS CARRIAGE CLUB does hereby tender his/her application for this event. Upon acceptance by the above sponsors of the application by the undersigned to participate in said event, the undersigned does hereby:

- Σ Release the BAY AREA HORSELESS CARRIAGE CLUB and each of its members individually from any and all claims, demands, actions or causes of actions arising out of said event.
- Σ Agrees to fully indemnify and save harmless the parties herein and release from any loss, claim, expense, demand or cause of action of any kind or character asserted by the undersigned or any third person hereto of any claims arising out of said event and from any loss incurred directly or indirectly by reason of falsity or inaccuracy of any representation herein by the undersigned.
- Σ Warrant that the undersigned has personally read and understood this Release of Liability.

This Release contains the entire agreement between the parties hereto. The terms of this Release are contractual and not a mere recital. The undersigned has carefully read and understands the contents of this Release and signs the same knowingly and voluntarily of his/her own free will.

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009  
Vendor Member's Signature

**Make checks payable to BAHCC and mail to:**

**BAHCC Hayward Swap Meet**

3277 Surmont Drive

Lafayette, CA 94549

*24-hour information 510-835-6069 or www.BAHCC.org*