



Reserve Your Spot Now!

20th Annual GardenFest Key West 2024

The Green Marketplace

Saturday, March 2nd, 2023, 10am – 4pm

WHAT:

Please join us for the **20th Annual GardenFest Key West 2023** at the Key West Tropical Forest & Botanical Garden. This fair includes tropical and native plants, Earth based arts and crafts with nature themes or composed of natural materials, eco-friendly products and services, and conservation oriented nonprofit organizations. Attendees and Vendors will be able to enjoy a perfect day in the Garden with amazing vendors, food, and music. Kids activities too!

WHEN:

- **Friday**, March 3 – vendor setup from 2pm – 5pm (additional setup info to follow)
 - **Saturday**, March 4, (vendor setup 7am, must be completed by 9am)
- Gates open to the public from 10am – 4pm; Booth breakdown after 4pm (breakdown/departure to be completed by 6pm)

WHERE:

- The Key West Botanical Garden, 5210 College Road, Key West, Florida, 33040.

All vendors will be located in the Garden. Please be aware this is an uncovered area and you should bring your own tent/shade.

WE OFFER:

- 10x10 exhibit space in a Garden setting (Please be realistic about your space requirements. A second, adjoining space can be reserved at a discounted rate.)
- Information table space available for those advertising services, distributing information or signing books.
- No sales commission or fees above the selected space/equipment rental.
- A terrific venue attracting patrons from near and far!
- Promotion for the event.

PRODUCT DEMONSTRATIONS/WORKSHOPS:

We welcome participants to present educational seminars or product demonstrations. If you are interested in presenting a workshop and want to be scheduled, please email maryc47743@gmail.com

THERE'S STILL TIME TO SEND IN YOUR VENDOR APPLICATION AND FEE!

The Key West Botanical Garden Society, Inc. is a registered 501 (c) 3 nonprofit corporation. Donations are deductible under the Internal Revenue Service Code. The Garden is publicly owned and operated as a passive, natural resource-based public outdoor recreational site.

Key West Botanical Garden Society
GardenFest Key West 2024 Vendor Application

March 2, 2024

Please check the appropriate vendor option

	\$125	Plant or Food Vendor (10x10 booth)
	\$100	Arts / Craft or Product Vendor (10x10 booth)
	\$60	Additional Booth Space (10x10 booth)
	\$0	Educational/Informational Organization or Nonprofit (10x10 booth)

All vendors are required to provide their own tables, chairs, trash/recycling barrels, tents

Business Name _____

Owner's Name _____

Street Address _____ City & State _____ Zip _____

Phone _____ Mobile _____

E-Mail _____

Merchandise to be sold _____

Electrical Hookup needed? _____ If yes, you will be told what size extension cord needed

I would like to give a demonstration on Saturday at (time) _____

Topic _____

I would like to donate a raffle item valued at \$ _____ Please describe the item(s)

Credit Card Number _____

Expiration date _____ Card Code _____ Name on Card _____

Billing Address _____

*** Arts and crafts must be produced by the exhibitor – no manufactured resale items, please.**

Please mail checks with signed application pages 2 - 4 after e-mailing your intent to participate to

maryc47743@gmail.com

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I, _____, understand that nothing on the Florida state invasive exotic list may be presented or sold. I hereby acknowledge that the Key West Botanical Garden Society, Inc. (KWBGS) is a volunteer based not for profit organization and that I voluntarily assume all risk of death or personal injury sustained while participating whether or not caused by the negligence of the released party.

I release and hold harmless KWBGS, their agents, employees and board members from any and all liability, claims or causes of action that may hereafter have for injuries or damages arising out of my participation in programs, included, but not limited to, losses caused by the negligence of released parties.

- ❖ I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. _____

Initials

I further acknowledge that KWBGS has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 and that KWBGS cannot guarantee that a participant will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of oneself and others, including, but not limited to, other participants and their families.

I voluntarily seek services provided by KWBGS and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that I:

- Am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- Have not traveled internationally within the last 14 days.
- Have not traveled to a highly impacted area within the United States of America in the last 14 days.
- Do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- Have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- Follow all CDC recommended guidelines as much as possible and limit exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold KWBGS harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with participation in KWBGS Programs. I understand that this release discharges KWBGS from any liability or claim that I, my heirs, or any personal representatives may have against the organization with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from KWBGS. This liability waiver and release extends to the organization together with all mentors, volunteers, partners, and employees.

I further agree that I will not sue or make a claim against the Released Parties for damages or other losses sustained as a result of any injury, or death, sustained from my participation in KWBGS' Programs. I also agree to indemnify and hold the released parties harmless from all claims, judgments and costs including attorney's fees, incurred in connection with any action brought as a result of participation in the KWBGS program by any of the undersigned.

I hereby expressly recognize that this Release of Liability, Waiver of legal Rights, and Assumption of Risk is a contract pursuant to which I have released any and all claims against the Released Parties resulting from any injury, or death, sustained from participation in KWBGS activities including any claims for negligence of the Released Parties.

I have read this release of liability, waiver of Legal Rights and Assumption of Risk and fully understand its contents and sign it of my own free will

Signature of Participant _____ Date _____

Name of Parent or Guardian _____
PLEASE PRINT

Signature of Parent or Guardian _____ Date _____
(Signature of Parent/Legal Guardian if participant is under 18 years of age)

General Media Release Form

I give the Key West Tropical Forest & Botanical Garden unlimited permission to use, publish, republish and share with media, partners and sponsors, information and video, photographic or digital images and reproductions of my likeness (photographic or digital images,) and my voice, whether or not related to any affiliation with the KWBGS, with or without my name, solely for the advancement and promotion of the Key West Tropical Forest & Botanical Garden.

Signature of Participant _____ Date _____
(Signature of Parent/Legal Guardian if participant is under 18 years of age)

Name of Parent or Guardian _____
PLEASE PRINT

Signature of Parent or Guardian _____ Date _____
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