

**DEEMAH'S DESIGNZ, LLC**  
**Vendor Waiver, Release of Liability & Agreement**

**VENDOR INFORMATION**

Vendor/Business Name:

Contact Name:

Phone Number:

Email Address:

**ACKNOWLEDGMENT OF PARTICIPATION**

I, the undersigned vendor, voluntarily agree to participate in the Craft Show hosted by Deemah's Designz, LLC at Bloom High School in Chicago Heights, Illinois. I understand that I am responsible for conducting my business in a safe, professional, and lawful manner at all times.

**ASSUMPTION OF RISK**

I acknowledge that participation in this event may involve risks, including but not limited to personal injury, illness, property damage, theft, or loss. I voluntarily assume all such risks associated with participation, including setup and breakdown.

**RELEASE & WAIVER OF LIABILITY**

In consideration of being permitted to participate, I hereby release, waive, and hold harmless Deemah's Designz, LLC, Bloom High School, Bloom Township High School District, event staff, volunteers, and representatives from any and all claims, damages, or liabilities arising from my participation, to the fullest extent permitted by law.

**INDEMNIFICATION**

Vendor agrees to indemnify and hold harmless Deemah's Designz, LLC and Bloom High School from any claims arising from vendor actions, products, or services.

**PHOTO & MEDIA RELEASE**

Vendor grants permission for photographs or video taken during the event to be used for promotional purposes without compensation.

**AGREEMENT & SIGNATURE**

By signing below, I confirm that I have read, understand, and agree to all terms of this waiver.

**Vendor Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Deemah's Designz Vendor Application

**Event Date:** March 14, 2026

**Event Time:** 10:00 a.m. – 2:00 p.m.

**Location:** Bloom High School Gymnasium, 101 West 10th Street, Chicago Heights, IL 60411

**Contact:** 708-415-2400 | DeemahsDesignz@gmail.com

Business Name:	
Contact Person:	
Phone Number:	
Email Address:	
Mailing Address:	
City / State / Zip:	
Vendor Type:	<input type="checkbox"/> Craft / Handmade <input type="checkbox"/> Retail / Merchandise <input type="checkbox"/> Food Vendor
Product Description:	
Number of Tables:	
Total Amount Due:	

### Table Fees:

\$60 per table if registered on or before January 31, 2026

\$75 per table if registered after January 31, 2026

### Food Vendor License Checklist (required):

- Illinois State Food Vendor License
- Food Handler Certification (if applicable)
- Temporary Food Establishment Permit (if required)
- Menu or list of food items
- Proof of insurance (recommended)
- **No ALCOHOL/ALL SMOKE/CANNABIS PRODUCTS PROHIBITED**

### Payment Acknowledgment

Amount Paid:	
Payment Method:	<input type="checkbox"/> Cash App <input type="checkbox"/> Zelle <input type="checkbox"/> Cash <input type="checkbox"/> Other
Date Received:	
Received By (Initials):	

**By signing below, I agree to all vendor rules and understand fees are non-refundable.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_