

4th Annual OLLI Art Bazaar Exhibitor Registration Form

Friday, Nov. 11, 2016, 11a.m.-4 p.m. and
Saturday, Nov. 12, 2016, 11 a.m.-3 p.m.

Name _____ Emergency Contact/Phone _____

Address _____

Cell Phone _____ Home Phone _____

Email _____ 2nd email _____

What will you exhibit? _____
(ie., paintings, sculpture, quilting, fiber arts, jewelry, paper goods, etc.)

Drawing Information

Exhibitors will be asked to donate an item representative of their work for a drawing during the OLLI art bazaar. Please bring your items to the September 8, 2016h exhibitor meeting. Donations are desired but optional. The purpose is to generate attendance those two days.

Registration Information

OLLI membership is *required* to exhibit and exhibitors will commit to exhibit for both dates and the hours indicated above. Registration Fee is **\$30.00** and must be submitted with completed, signed Exhibitor Registration Form. Registration Deadline November 1, 2016 (space available) Attach check made payable to OLLI. Return form by mail-OLLI, One University Hts, CPO #5000, Asheville, NC 28804 OR drop off at the OLLI office.

Table Information

Tables allocated are two six foot classroom tables. Exhibitors provide their own table cloth/cover. If exhibitors require a large space with an additional table, the fee is \$60.00
Do you need electricity? _____ Yes _____ No Do you need an easel? _____ Yes _____ No

Housekeeping Information

New this year, all exhibitors invited to a special September 8, 2016, 9:30 a.m., meeting at the Reuter Center, Room 206, to discuss merchandising & publicity. All exhibitors will have access to set up, Friday, Nov 11, 8 a.m. and need to be ready to open by noon. Exhibitors will have access to waste and recycling receptacles and are encouraged to use them. Exhibitors are responsible for their own tables, sales, and goods. OLLI does not incur any liability for any personal injury, damage or loss to goods that may occur during the Bazaar.



Exhibitor Signature
Initial here to signify you have read and accept terms on reverse side _____

Exhibitor fees will support the OLLI scholarship fund.

INFORMED/CONSENT FORM

Full Legal Name _____

Address _____

Email _____ Phone _____

1. For and in consideration of the right to be, and acceptance by The University of North Carolina at Asheville, as a participating member in the activities of the Osher Lifelong Learning Institute (OLLI) and with all the privileges as a member of OLLI, I, _____ (Your Name) hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless The University of North Carolina Asheville, any University affiliated organizations, the Board of Trustees, officers, agents, employees, and other members of said OLLI (hereafter referred to as RELEASEES) from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of UNC Asheville's and the OLLI's equipment or facilities, **including any such claims which allege negligent acts or omissions of UNC Asheville and OLLI.**

2. Further, I understand that participation in the activities of OLLI is purely voluntary and I am fully aware of risks and hazards connected with participation in the said activity which include, but are not limited to: slips and fall, sprains, strains, joint dislocations and broken bones. I am fully aware that there may also be risks and hazards unknown to me in connection with participation in the said activities, and I hereby elect to voluntarily participate in such activity knowing that conditions may be hazardous, or may become hazardous or dangerous to me or my property. **I take full responsibility for all of these risks.** I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless UNC Asheville, OLLI and their employees agents and Trustees from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of UNC Asheville's and OLLI's equipment or facilities, **including any such claims which allege negligent acts or omissions of UNC Asheville and OLLI.**

3. Further when transportation is furnished voluntarily by me for the purpose of participating in OLLI's activities, it is expressly understood that I will be solely responsible for any personal injury to myself, to passengers in my privately-owned vehicle, or to other person, or damage to my personal property or the property of passengers or other person incident to such transportation in traveling to and from any location as is necessary to participate in the activities of OLLI. I understand that when my privately-owned vehicle is used as transportation for me or for other members of OLLI, I will ensure that my automobile liability insurance policy, providing third party injury or property damage insurance coverage, will be in full force and effect and that the terms and provisions of such policy do not exclude third party liability coverage incident to such transportation.

4. I understand that I could possibly incur serious or fatal injuries and property damage in connection with my participation in the activities of OLLI. I also realize that if I have physical problem such as a heart condition, hypertension, orthopedic problems, or other medical problems, that I should consult a licensed physician concerning any limits to my activity. In the event that I become unconscious or otherwise incapacitated, I hereby authorize UNC Asheville and OLLI staff to provide consent on my behalf for any necessary emergency medical attention

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RELEASEES, on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I also agree to be bound by its terms.

Signature

Date

Witness

Date