Move to End AIDS

HUDSON VALLEY

AIDS WALK & RUN!

Saturday, May 7, 2016

9 am - 1 pm - Walkway Over the Hudson
Poughkeepsie, NY

VENDOR INFORMATION

HVCS will provide you with:
- 10x10' vendor space at the east side of the Walkway (Poughkeepsie side)
- One (1) 8' table
- Two (2) folding chairs
- One (1) plastic tablecover

Vendor Fees:
Business - $125 donation
Not-for-profit - $30 donation

Payment must be received via check, money order or credit card by April 22, 2016. Reservations without full payment are not accepted. Vendor space is limited so please reserve your spot as soon as possible.

The Hudson Valley AIDS Walk & Run is held rain or shine. If you need to cancel at any time, kindly alert us by calling (914) 785-8277. No refunds will be given for any cancellations made within 1 week of the event.

You are responsible for bringing your own 10x10 tent/canopy, additional chairs. All vendors must arrive by 8:00 a.m. on the day of the event. HVCS cannot provide any assistance with set-up or breakdown of your vendor area.

Looking for even more visibility and recognition? Consider becoming a Sponsor! Call us at (914) 785-8277 or visit our website for more details on sponsorship levels to fit every budget.

hvcs

VENDOR APPLICATION

Hundreds of walkers will converge on the Walkway Over the Hudson in Poughkeepsie, New York for a 2.5-mile walk and 5K run supporting the Hudson Valley AIDS Walk & Run. This is a great opportunity for your business to show support for while reaching out to postential new client as a vendor.

Business Name: _____

Street Address: _____

City: _____ State:_____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Title: _____

Website:_____Email:_____

Business Type: _____EIN#: _____

Fee: [ ] $125 Commercial /For Profit [ ] $30.00 Not-for-Profit

Payment Type: [ ]Check/money [ ] Credit Card: (MC VISA AMEX)

Account #: _____CCV Code:_____

Exp. Date: _____ Billing Zip Code: _____

Signature: _____

[ ] YES, our company would like to provide a gift certificate or items to be given away with AIDS Walk & Run promotions or as prizes for walkers.
In kind item your company will donate: _____
# of donated items: _____ Value of gift certificate(s)/items: _____

I, _____, hereby acknowledge that I am voluntarily participating as a vendor in Hudson Valley Community Services' Hudson Valley AIDS Walk & Run Event (hereinafter "event") agree to assume any such risks that arise from my participation. I hereby release, discharge and agree not to sue Hudson Valley Community Services, Inc. and/or the Walkway Over the Hudson State Park for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event from whatever cause, including the active or passive negligence of Hudson Valley Community Services, Inc. and/or the Walkway Over the Hudson State Park or any other participants in the event. In consideration for being permitted to participate in the event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless Hudson Valley Community Services, Inc. and/or the Walkway Over the Hudson State Park from any and all claims, demands actions or suits arising out of or in connection with my participation in the event.

[ ] **I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**