



ARTISTS, CRAFTERS,
ENTREPRENEURS
and PHOTOGRAPHERS:

**Display and
sell your gifts
and crafts!**

2018

Holiday Gift and Craft Fair

Monday, December 3

9 a.m. to 6 p.m.

Tuesday, December 4

Grayslake Campus, 19351 W. Washington St.
Fair is free and open to the public!

Crafter Booth Rental Information:

Cost is \$40 per day for a 72" x 30" table and two chairs.

Be sure to bring your own tablecloth.

To participate:

Visit www.clcillinois.edu/aboutclc/depts/csf and download the Holiday Gift & Craft Fair Facilities Usage Application (open PDF in Adobe Acrobat Reader) and then pay online via credit card [Use the word HOLIDAY as the event confirmation number].

Questions: Contact College of Lake County Central Scheduling (847) 543-2050 or email events@clcillinois.edu.

Set-up begins at 8 a.m. each day

All tables must have a covering to hide additional products and storage containers

We will try to accommodate anyone that needs an electrical outlet, but there is no guarantee

All products must be removed from the table top overnight

FACILITIES USAGE APPLICATION



WHEN: Mon. Dec 3 & Tues. Dec 4 | 9 a.m. to 6 p.m.

WHERE: the Student Street at the Grayslake Campus

Name of Business & Type of Products: _____

Name of person onsite: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____

Have you participated in any events with us in the past? (if yes, when)? _____

SIGNATURE OF PERSON RESPONSIBLE: _____

Days Attending: Dec 3 Dec 4 Send all applications to: Central Scheduling: events@clcillinois.edu

CLC IMPORTANT INFORMATION:

Illinois Firearm Concealed Carry Act Summation: College Policy: Illinois Firearm Concealed Carry Act 430 ILCS 66/1 et seq.

LIQUOR is strictly PROHIBITED on the CLC Campus: Violation of this policy by renters and/or participants may be cause for immediate cancellation of rental event and denial of future rentals.

SMOKING is strictly PROHIBITED on the CLC Campus.



19351 West Washington Street, Grayslake, Illinois 60030-1198
847.543.2050

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Name of Individual: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Name of Individual: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Email #: _____

Project, Program or Activity Name: _____

I hereby make notice to be on the premises of the College of Lake County beginning _____ ending _____

Campus Location _____ Topic to be discussed: _____

I/We _____ / _____, hereby agree to assume full responsibility for any and all damages, loss or injuries to Property, Employees or Students of the College of Lake County, arising out of or resulting from my participation in, attending any program or event on the premises of the College of Lake County. It is also agreed that The College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents disclaim all responsibility for any injury I sustain, or loss or damage to my equipment and/or personal property while participating in, attending any program or event held on premises of the College of Lake County

It is further agreed and understood that I/We _____ / _____ To the extent permitted by law shall indemnify and hold harmless, the College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents, against any and all claims, demands, and actions which may be made or instituted against the College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents, arising out of my participating in, attending any program or event held on premises of the College of Lake County

I/We _____ / _____, hereby agree and understand my participating in, attending any program or event subject to immediate cancellation for reasons necessary and proper for the College of Lake County District 532, its Board of Trustees, Employees, Students, Representatives, and Agents purposes, for violations of this agreement, and for actions that are detrimental, destructive or dangerous to Personnel or Property of the College of Lake County.

I have read this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. I understand and agree to the terms and conditions. I further understand and agree that I have relinquished substantial rights, and have signed this agreement freely and voluntarily without any inducement.

Signature

Date Signed

Signature

Date Signed