



2010 NC MARATHON LIVE HEALTHY EXPO ***VENDOR TERMS & CONDITIONS***

***Must be read and understood.
Signature indicates acceptance and compliance.***

Expo Vendors have the opportunity to display their goods & services to race participants at Packet Pick-Up and on Race Day

Vendor Set Up Times:
#1- Friday, March 19, 10 am
#2-Saturday, March 20, 7 am

Vendor Display Times:
#1- Friday, March 19, Noon - 10 pm
#3-Saturday, March 20, 8 am-2:30 pm

1. Payment in full is the only guarantee of a table.
2. Cancellations made in writing for tables paid in full on or before February 20, 2010 will receive a refund of 50% of full table payment. No refunds of deposits or partial payments. There will be no refunds after February 20, 2010.
3. Except by written consent of the UnitedHealthcare N.C. Marathon management, I cannot sublet or share my table space with an unauthorized person and/or company.
4. My display must occupy my assigned vendor space only and not encroach into the walkway of the stadium area or into other vendor areas.
5. I grant the rights to use photographs of the exhibit to the UnitedHealthcare N.C. Marathon for its own purposes.
6. I must staff my table continuously during Expo hours.
7. The UnitedHealthcare N.C. Marathon management reserves the right to deny any vendor which it deems is not keeping with the theme of the Expo.
8. In the event that due to war, fire, strike, government regulation, public catastrophe, severe weather, or other cause, the Expo or any part thereof is prevented from being held, the UnitedHealthcare N.C. Marathon shall determine to refund the proportionate share of unused funds, or offer free table space at the next marathon, either will not be subject to challenge.
9. I, for myself and my company and representatives, agree to hold UnitedHealthcare N.C. Marathon and their committee volunteers, staff, sponsors, and other vendors harmless from any claims from, or due to, the acts of myself, my agents and my employees, and / or for any loss and / or injury to people and / or property of any nature.
10. I, for myself and my company and representatives, assume all responsibility for loss, theft, or destruction of goods while participating in the UnitedHealthcare N.C. Marathon.
11. I understand that the materials and space provided consist of a 10 x 10' vendor space, one 8 foot table that is covered and skirted, and two chairs. There is no space for piping, draping, back or side boards or curtains at this exhibit area.

My signature indicates I have read and accept the above stated vendor terms and conditions.

Signature

Date

Print Name

Title

All Fees Are Tax Deductible
Foster Friends of North Carolina is a non profit, charitable organization that provides a brighter future to children experiencing foster care.
Tax ID# 65-1253675