



Vendor Form

Business Name: _____

Business Address: _____

Specialty of Business: _____

Contact Name: _____

Contact Phone: _____

Contact E-mail: _____

What health screening/activity will you provide at your booth: _____

Check here if you will be donating a door prize to be included as a giveaway for our guests.

**VENDORS MUST SUBMIT YOUR CURRENT AND ACTIVE
CERTIFICATE OF LIABILITY to: heather.ault@meridianhs.org**

Meridian Health Services, Corp.
240 N. Tillotson Avenue
Muncie, IN 47304
www.meridianhs.org



Vendor Publicity Release

In return for being allowed to participate in Meridian Health Services vendor activities and all related activities, including any activities incidental to such participation ("Vendor Activities"), the undersigned Vendor (hereafter referred to using "I", "me", or "my") hereby grants to Meridian Health Services, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Vendor's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Vendor Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation.

I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Vendor Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

(Signature of Vendor)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.
