

BROOKSVILLE BUSINESS ALLIANCE, INC.

"Market on Main Street"

REGISTRATION FORM AND EXHIBIT INFORMATION

31 South Main Street
Brooksville, FL 34601 352-797-9330

Web Site: www.brooksvillebusiness.com
E-mail: eduncan1@bellsouth.net

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONES: Home _____ Work _____ Cell _____

E-MAIL ADDRESS: _____

How many exhibit areas do you require? _____

What type of set up do you have? (i.e. Tables, Tent, Free standing display, etc.)

(Explain) _____

What type of items will you be displaying? (Please detail) _____

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MEDICAL RELEASE & WAIVER FOR PARTICIPATION

In consideration of my participation in Brooksville Business Alliance Inc.'s "Market on Main Street" event I, (print name) _____ for myself, my heirs and assigns, hereby release, Brooksville Business Alliance Inc., the Hernando Historical Museum Association Inc., Hernando County, the City of Brooksville, its agents, representatives and employees, from any claims, demands and causes of action from my participation in "Market on Main Street" event. I understand that this waiver includes any claims based on negligence, action or inaction of Brooksville Business Alliance Inc, Hernando County, Hernando Historical Museum Association, Inc., and the City of Brooksville will not be responsible or liable for paying any medical costs or expenses should medical care be required for any participant in this event. I, the undersigned have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signed (Make_checks_payable_to:_"Brooksville_Again/Brooksville_Business_Alliance") Date

CIRCLE MONTH 2008 Jun Sept Oct Nov Dec / 2009 Jan Feb Mar April May Jun Sept Oct Nov Dec