



Chattanooga Area  
Mothers of Multiples Club

## Consignment Sale Vendor Release Form

Name:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Cell or Work Phone:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Web Address:

\_\_\_\_\_

Product Representing:

\_\_\_\_\_

Please mark one:

- I will provide my own table
- I need to have CAMOMC provide a table for me (included in fee)

I, the undersigned, understand that The Chattanooga Area Mothers of Multiples Club (CAMOMC) as a whole and/or any of its officers shall not be responsible for any lost, damaged, unaccounted for or stolen items. I also agree to not hold CAMOMC and/or any of its officers responsible for any injury, accident, and/or accidental death to myself and/or any member of my family that may result from my (and/or my family's) participation in any CAMOMC sponsored event, program, or event in which members of CAMOMC are in attendance. I understand that I am participating in any and all CAMOMC programs and events with my own free will and agree to hold CAMOMC and/or its officers harmless in any regard.

I have read and completely understand the CAMOMC consignment sale rules and regulations posted on-line and available to all vendors via email. I agree to abide by the rules and regulations listed therein. I do understand that I may incur various fees if I do not abide by these rules.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

*Wait to sign at Saturday Pickup:* You are responsible for picking up ALL of your unsold merchandise. Should items be lost, stolen or damaged, CAMOMC is not responsible for compensating the vendor for the items. If you would like to donate unsold items, please place them in the donation area. Any unsold, unclaimed items left after the cleanup will become the property of CAMOMC. The items will be donated, disposed of, or sold at the next sale at the club's discretion. By signing this form, vendors agrees to the above and has picked up all of their unsold merchandise.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

**For office use only:** Paid \_\_\_\_\_ Check# \_\_\_\_\_

Date received \_\_\_\_\_