



SPRING FAIR

AT TWIN VISTA RANCH

SATURDAY MAY 30TH 2026

6456 FLAGLER RD
MARROWSTONE ISLAND

GATES OPEN AT 10:30AM
ACTIVITIES FROM 11-3PM



4-H PRESENTATIONS & ANIMAL DEMONSTRATIONS
LIVE MUSIC JAM SESSION, LOCAL & YOUTH VENDORS,
DESSERT & BEVERAGE BAKE SALE, FIELD GAMES, FARM TOURS!
FREE FAMILY FRIENDLY EVENT - BRING A PICNIC!
LIMITED FIELD PARKING SO CARPOOLING IS ENCOURAGED
TVR IS A WORKING FARM - PLEASE LEAVE DOGS AT HOME



VISIT QR CODE FOR MORE INFO & PLEASE RSVP!

Spring Fair at Twin Vista Ranch

6456 Flagler Rd Marrowstone Island WA

Saturday May 30th 2026 - 11-3pm

EXHIBITOR INFO

Name			
Business Name			
Address			
City, State, Zip			
Telephone #		Cell	
e-mail address			
Description of items			
Do you want access to power?	Yes	No	
Will you be putting up a canopy?	Yes	No	

FEE

Booth - \$10 for booth, add \$10 for power connection (YOUTH VENDORS ARE FREE)	\$10.00	\$10.00
Total Due Cash or Check Payable to WSU Extension 121 Oak Bay Rd. Port Hadlock WA 98339		\$

**ALL VENDORS MUST STAY WITHIN THEIR BOOTH SPACE.
AISLES AND SPACES MUST BE KEPT CLEAR!**

After the sale please remove all your items! Booth Information:

- Please bring your own table & chairs and pop up tent - limited power connections are available at a cost.
- Set up time is 8-10am Saturday - Tear down will begin after 3pm on Saturday.

Exhibitor Requirements

The exhibitor agrees to pay the above rental charge and to maintain his or her exhibit in a manner consistent with the ideals and purposes of Washington State University and absolve the organization from any liability whatsoever for loss, damages, and/or injury. Exhibitor agrees to install, maintain, and remove his/her exhibit in accordance with the general rules set forth by the organization. Exhibitors agree to abide by all federal, state, and/or local laws, rules and/or regulations. Washington State University reserves the right to cancel this contract if, in its judgment, said exhibit is not consistent with the purposes of Washington State University.

TO THE 'EXHIBITOR' LESSEE: I hereby agree to the set of terms set forth in this agreement.

Signature: _____

Date: _____

Please complete waiver on the back of this page in addition to Exhibitor Form if you are not a 4-H Member



WASHINGTON STATE UNIVERSITY
EXTENSION

WSU Extension Youth and Families Program Unit
COLLEGE OF AGRICULTURAL, HUMAN, AND NATURAL RESOURCE SCIENCES

Waiver of Liability, Assumption of Risk, and Emergency Medical Release

(Page Submitted to the 4-H Club/Unit/Program Host and retained by the County 4-H office for 6 years from the date of the program)

Participant Name: _____ Participant Age: _____
County: _____ Club/Unit/Host: SPRING FAIR TVR

Release of Liability: My heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result of or connected with participation in this program and/or event. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to my activities involving Washington State University shall be governed by and interpreted in accordance with Washington law. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Assumption of Risk: I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity as a nonmember, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Participation in the 4-H Youth Development Program as a non-member may involve a wide variety of activities such as, but not limited to: club meetings, shows, clinics, working with animals, physical education activities, shooting or archery, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

Emergency Medical Release: In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including enrolled 4-H volunteers or event staff, I authorize WSU and its authorized agents to obtain emergency medical care for me. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my health record from providers who treat me and these providers may talk with the program's staff about my health status.

I hold harmless and agree to indemnify Washington State University, its authorized agents, and employees from decisions to seek emergency treatment.

Signature of Parent/Guardian of Minor or Adult Participant

Date

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