



100 John West Way
Box 1000
Aurora, Ontario
L4G 6J1
Phone: 905-505-5414
Email: sreynolds@aurora.ca
www.aurora.ca

TOWN OF AURORA

Vendor Registration Form
Saturday Night Fever on Yonge St.
Saturday, September 6, 2025
4 p.m. to 9 p.m.

Join us as we take over Yonge St. in downtown Aurora for a night of dancing to great live music- all while enjoying local shops and restaurants.

Businesses and vendors are invited to participate by completing the following registration form. Please complete all sections of the form prior to submitting. **The fee to participate is \$65.08 including HST.** Registration deadline is **Monday, August 7, 2025.**

You will receive a confirmation within seven (7) business days that your registration form has been received.

Business/Vendor Name _____

Nature of Business (please select one):

☐ Retail ☐ Restaurant ☐ Service ☐ Other _____

Contact Name _____

Address _____ Town/City _____

Postal Code _____ Phone _____ Email** _____

Please note that by providing your e-mail address, you are consenting to receive future correspondence (promotional or otherwise) from the Town of Aurora, Community Services Department.

Additional Information:

Maximum outdoor space is 15 feet, with the exception of established on site restaurants.

Please describe your business's proposed set up. Include whether you will be using a tent or patio. If using a patio, please include a diagram with your registration.

Do you plan to offer any special promotions or activities during the event? Please describe:

Is there any other important information we should know?

Email completed application forms to: sreynolds@aurora.ca
Please ensure payment is included on the final page to complete the registration.
The Town of Aurora reserves the right to refuse or limit participation entries.
THANK YOU FOR YOUR INTEREST IN SATURDAY NIGHT FEVER ON YONGE ST!

**The Corporation of the Town of Aurora
ASSUMPTION OF RISKS, RELEASE OF LIABILITY,
AND INDEMNITY AGREEMENT**

BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY

TO: The Corporation of the Town of Aurora, its officers, employees, directors, volunteers, agents or representatives (hereinafter called the “Releasees”)

ASSUMPTION OF RISK

I acknowledge that I wish to participate in Aurora Saturday Night Fever on Yonge St. as indicated in Registration Form. I am aware that doing so may expose me to risks associated to or contributed by natural and manmade terrain, climatic conditions, my own physical condition, actions of the “Releasees” and other third parties, vehicular traffic, tools and equipment and other hazards associated with this community event. I am aware that such risks may result in personal injury, illness, loss of life or property damage, and I freely assume these risks.

RELEASE and WAIVER

In consideration of my participation in Aurora Saturday Night Fever on Yonge St. as indicated in Registration Form. I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the Releasees from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation. This Release and Waiver applies to all claims, foreseen and unforeseen, including negligence and breach of statutory or other duty of care, including that owed under the *Municipal Act, 2001* and the *Occupiers’ Liability Act*.

INSURANCE

In consideration of my participation in Aurora Saturday Night Fever on Yonge St. as indicated in the Registration Form, I hereby agree to provide a Commercial General Liability Insurance Certificate to the Town as set out below:

1. Commercial General Liability insurance in an amount not less than Two-Million Canadian Dollars (\$2,000,000.00 CAD) per occurrence, naming The Corporation of The Town of Aurora as an additional insured. Such insurance shall contain a cross liability and severability of interest clause and shall include, but not be limited to, bodily injury including death, personal injury, property damage, including loss of use thereof, blanket contractual liability, Owner's and Contractor's protective liability, contingent employer's liability, non-owned automobile liability, and products and completed operations coverage.

INDEMNITY AGREEMENT

In consideration of my participation in Aurora Saturday Night Fever on Yonge St. as indicated in Registration Form. I agree to hold harmless, indemnify and defend the Releasees from and against any and all liability, loss, claims, actions, causes of action, demands, costs and expenses, including reasonable legal expenses, which may be brought against or made upon the Releasees due to any personal injury or property damage to any third party arising from my actions or the action of my staff, volunteers and performers.

Permission to Photograph and Record

The parties agree that the Town may take photographs and make audio and video recordings of the Event and include portions of such recordings or photography in the Town's media publications and otherwise photographs, video, or recordings made by Town will be used only for the Town's purposes. Town agrees that it will not use flash photography and will not broadcast or distribute the Event in its entirety without the parties further written permission.

I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

Name of Participant: _____

Address of Participant: _____

Signature of Participant: _____

Date: _____



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www.aurora.ca

Town of Aurora

Credit Payment Application

Community Services - Access Aurora

FOR OFFICE USE ONLY

Purchase or Invoice:

Purchase or Payment

Payment for: _____

Authorized Amount: _____

Code: _____

-or-

GL: _____

(For Office Use)

Invoice

Invoice: _____

Authorized Amount: _____

DEPARTMENT: _____

DIVISION: _____

CUSTOMER INFORMATION REQUIRED

Applicant for Receipt Information

Name: _____

Address: _____

Phone #: _____

Email: _____

Payment Authorization

Credit Card Number: _____

Expiry Date: _____ CCV: _____

☐ Visa

☐ MasterCard

By signing below, I acknowledge that I am the cardholder and give authorization for the credit card to be processed in relation to the above purchase or invoice.

Signature: _____

Date: _____

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, as amended and will be used by the Town in issuing and administering Parking Permits. Questions about the collection of this personal information should be directed to Access Aurora by email to: info@aurora.ca or by telephone to (905) 727-3123.