



2010
FARMERS, FRIENDS & FAMILY MARKET

PLEASE PRINT ALL INFORMATION

NAME OF RESPONSIBLE PARTY: _____

BUSINESS NAME: _____

ACTIVITY OR PRODUCT: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #(S): _____

E-MAIL ADDRESS: _____

MARKET ATTENDING: WEDNESDAY
3:00PM – 7:00 PM

SATURDAY
8:30 AM – 12:30 PM

I UNDERSTAND SET-UP BEGINS 30 MINUTES PRIOR TO THE START OF THE MARKET AND AGREE TO REMAIN THE FULL FOUR HOURS.

I UNDERSTAND THE MARKET MANAGER RESERVES THE RIGHT TO RELOCATE ANY VENDOR AND ASK ANY OBJECTIONABLE ITEMS BE REMOVED FROM THEIR TABLE.

I UNDERTSTAND THIS IS A WEEK TO WEEK MARKET AND I WILL CALL THE TOWN AT 219-662-2665 BY TUESDAY AT 5:00 PM FOR THE WEDNESDAY MARKET, AND THURSDAY AT 5:00 PM FOR THE SATURDAY MARKET TO RESERVE MY VENDOR SPACE.

IF I AM SELLING HOMEMADE FOOD ITEMS AT MY BOOTH, I MUST PROVIDE THE MARKET MANAGER CERTIFICATION FROM THE HEALTH DEPARTMENT OF THE KITCHEN WHERE THE ITEMS WERE PREPARED.

CHECK IF YOU WILL REQUIRE AN OUTLET:

SIGNATURE: _____ DATE: _____

PRINTED: _____

2010

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

NAME OF RESPONSIBLE PARTY: _____

NAME OF GROUP: _____

BUSINESS NAME AND ACTIVITY: _____

EVENT(S): FARMER, FAMILY & FRIENDS MARKET

FOR AND IN CONSIDERATION OF THE TOWN OF WINFIELD, INDIANA, PROVIDING THE UNDERSIGNED WITH SPACE ON TOWN PROPERTY TO CONDUCT MY BUSINESS AND/OR ACTIVITY AND FOR OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, THE UNDERSIGNED AGREES TO ASSUME LIABILITY FOR, AND DOES HEREBY AGREE TO INDEMNIFY, PROTECT, SAVE, DEFEND (AT THE UNDERSIGNED'S SOLE EXPENSE) AND HOLD THE TOWN OF WINFIELD HARMLESS FROM AND AGAINST ANY AND ALL LIABILITIES, OBLIGATIONS, LOSSES, DAMAGES, PENALTIES, CLAIMS (INCLUDING, WITHOUT LIMITATION, CLAIMS INVOLVING STRICT OR ABSOLUTE LIABILITY) ACTIONS, SUITS, COSTS, EXPENSES, AND DISBURSEMENTS (INCLUDING, WITHOUT LIMITATION, LEGAL FEES AND EXPENSES) OF ANY KIND AND NATURE WHATSOEVER ("CLAIMS") WHICH MAY BE INCURRED, IMPOSED ON OR ASSERTED AGAINST THE TOWN OF WINFIELD, (WHETHER OR NOT THE TOWN OF WINFIELD SHALL ALSO BE INDEMNIFIED AS TO, OR INSURED WITH RESPECT TO, ANY SUCH CLAIM) BY ANY PERSON OR ENTITY IN ANY WAY RELATING TO OR ARISING OUT OF THE USE OF THE TOWN PROPERTY BY THE UNDERSIGNED FOR MY BUSINESS AND/OR ACTIVITY, AND THIS INDEMNITY/HOLD HARMLESS AGREEMENT SHALL BE BINDING UPON THE UNDERSIGNED AND THE UNDERSIGNED'S HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____
RESPONSIBLE PARTY

WITNESS: _____ DATE: _____