

# Camrose & District Farmers' Market Association

Market Manager: Brian Small

Contact: 780-781-5501, [manager@camrosefarmersmarket.ca](mailto:manager@camrosefarmersmarket.ca)

Mailing Address: Duggan Mall, 6601-48 Ave, Camrose AB, T4V 3G8

Market Location: Duggan Mall, 6601-48 Ave, Camrose AB, T4V 3G8

Vendor Business Name:

Personal Name:

Address:

City:

Postal Code:

Phone:

I consent to the distribution of my telephone number to parties interested in my goods:

Yes      No

Email:

I consent to the distribution of my email address to parties interested in my goods:

Yes      No

Only include an email address if it's a reliable way to contact you.

Website:

Facebook:

Other social media:

Rent is \$16 per table per market day.

November and December Christmas Season:

\$30 per table or \$25 per table for members

(Members who attend 10 markets prior to October 31 qualify for a reduced rate)

Membership: \$20 per year (payment required within your first two markets).

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Please list all products you would like to offer for sale in the first box below. Please be SPECIFIC when listing the products you wish to sell. Vendors may be limited to selling only certain products. If any food products are listed, has the required Home Study Food Safety

Course been completed. Yes          No          Date of Expiry:

Once completed please provide a copy of this certificate to the Market Manager.

	Market Use
	Market Use
	Market Use

## Camrose & District Farmers' Market Association

All Vendors are to initial the following section:

\_\_\_ I understand that any proposed additions or changes to approved items require the approval of the C&DFMA Executive. If you do not get prior approval for selling additional items, you will be asked to remove them from your table immediately.

\_\_\_ I certify that, I PERSONALLY, make, bake, grow or raise all products I wish to offer.  
If NO, please explain:

\_\_\_ I have READ and UNDERSTAND the Vendor Information Notice provided by the Camrose & District Farmers' Market Association and that the rules and regulations will be strictly enforced.

I hereby certify that the above information provided by myself, is accurate and complete.

Signature of Applicant:

Date:

# Camrose & District Farmers' Market Association

## WAIVER

In consideration of being allowed to use the facilities' of the Camrose & District Farmers' Market Association (C&DFMA) located at the Duggan Mall and the Saturday Camrose & District Farmers' Market, as operated by the C&DFMA, we the undersigned, hereby agree to the following:

To waive any and all claims that we:

Name(s) (Must include all persons participating as vendors):

Business (operating) name:

may have against the C&DFMA, its Board of Directors and the Camrose & District Farmers Market Association (C&DFMA) located at the Duggan Mall, it's directors and officers, employees, agents, representatives and volunteers.

To release from any and all liability for any loss, damage, injury or expense that occurs out of the use of any of the facilities of the Camrose & District Farmers' Market Association (C&DFMA) located at the Duggan Mall, by the above named Vendor, their family, their employees or volunteer participants.

To hold harmless and indemnify the C&DFMA, it's Board and the Camrose & District Farmers' Market Association (C&DFMA) located at the Duggan Mall, from any and all liability for any property damage, personal injury to any third party or other financial loss or expense , including legal expense and costs of a solicitor-and-his-own-client full indemnity basis, resulting from the participation in any event to be held on the facilities of the C&DFMA and Camrose & District Farmers' Market Association (C&DFMA) located at the Duggan Mall, throughout the market season.

## Camrose & District Farmers' Market Association

We the undersigned, hereby acknowledge that we have read the foregoing and understand its content, importance and meaning.

Participant's Name: (Please Print)	Manager Name: (Please Print)
Participant's Signature: (on behalf of all above names listed as vendors)	Manager Signature:
Date:	Date: