

**CARO FARMERS MARKET
2010 SEASON VENDOR APPLICATION
AND
VENDOR DISCLAIMER OF LIABILITY AND INDEMNIFICATION FORM
Revised – March 19, 2010**

Vendor Name: _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

E-mail: _____ Website: _____

MI Sales Tax Number (if applicable):

Product Categories (Check All That Apply):

_____ Crafts _____ Vegetables _____ Fruit _____ Non-profit Organization
_____ Flowers (Cut) _____ Flowers (Perennial Plants/Roots Attached) _____ Other items (please list):

Crafters, please describe your product(s) in detail: _____

Vendors must submit an application and be approved by the market prior to selling. **Vendors are to provide a copy of their current certificate of insurance for liability.** Liability insurance at a cost of \$250/year is available through the insurance carrier for the Caro Chamber of Commerce. Vendors will be notified regarding acceptance or denial of their application.

_____ Number of 12' X 12' stalls requested at \$10/stall/day. Electricity at \$2/stall/day? Circle One
Yes No

Season Vendors Calendar (Please circle the dates you anticipate/project selling at the market):

Month	1 st Saturday	2 nd Saturday	3 rd Saturday	4 th Saturday	5 th Saturday
May		8	15	22	29
June	* 5	12	19	26	
July	3	10	17	24	31
August	7	14	21	28	
September	4	11	18	25	
October	2	* 9			

* Stalls with electric not available on these dates.

I, AS A VENDOR/APPLICANT, BY SIGNING BELOW, CONSENT TO MY PARTICIPATION, AS WELL AS THE PARTICIPATION OF MY INVITED GUESTS OR PATRONS, IN THE CARO FARMERS MARKET AND/OR ENTRY THEREON AND HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE CARO CHAMBER OF COMMERCE (“CHAMBER”), CARO FARMERS MARKET, CARO FARMERS MARKET COMMITTEE, DOWNTOWN TASK FORCE, CITY OF CARO, AND COUNTY OF TUSCOLA, AND ANY OF THEIR REPRESENTATIVES, EMPLOYEES, AGENTS, AFFILIATES, AND/OR ASSIGNS (HEREINAFTER “HOST PARTIES”). I FURTHER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE HOST PARTIES, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTIONS RESULTING FROM MY (OR MY BUSINESS) PARTICIPATION IN THE CARO FARMERS MARKET, INCLUDING, BUT NOT LIMITED TO, DAMAGES CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE HOST PARTIES OR OTHERWISE. IF, DESPITE THIS RELEASE, I, OR ANY OTHER INDIVIDUAL, MAKES A CLAIM AGAINST ANY OF THE HOST PARTIES, THEIR AGENTS AND ASSIGNS, AS A RESULT OF MY PARTICIPATION IN THE CARO FARMERS MARKET, I AGREE TO DEFEND, INDEMNIFY AND SAVE AND HOLD HARMLESS THE HOST PARTIES FROM ANY COSTS THEY MAY INCUR, INCLUDING ATTORNEYS FEES DUE TO THE CLAIM MADE AGAINST ANY OF THE HOST PARTIES, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE HOST PARTIES OR OTHERWISE.

I HEREBY GRANT PERMISSION FOR THE HOST PARTIES TO USE ANY PHOTOS, VIDEOTAPE, ETC. TAKEN OF MY PRODUCTS, MYSELF, OR MY PERSONNEL IN ANY AND ALL PUBLICITY, ADVERTISING OR PROMOTION OF THE MARKET, AND/OR HOST PARTIES WEBSITES. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE CARO FARMERS MARKET 2010 SEASON VENDOR APPLICATION/ VENDOR DISCLAIMER OF LIABILITY AND INDEMNIFICATION FORM AND THE CARO FARMERS MARKET POLICIES AND PROCEDURES, AND THAT I HEREBY AGREE TO ABIDE BY THE TERMS PRESENTED AND CONTAINED WITHIN SAID DOCUMENTS.

VENDOR/APPLICANT SIGNATURE

DATE

Return/fax/e-mail vendor applications to: Executive Director, Caro Chamber of Commerce, 157 N. State St., Caro, MI 48723. Questions: Call (989) 673-5211, Fax (989) 673-2517 or Email executivedirector@carochamber.org.