

# FARMER'S MARKET

& Kids Market Days

## REGISTRATION FORM: WEEKLY & SEASONAL

### VENDOR INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### VENDOR DETAILS:

DO YOU RESIDE WITHIN THE CORPORATION LIMITS OF THE CITY OF WOOSTER? \_\_\_\_\_

DO YOU OR A MEMBER OF YOUR HOUSEHOLD WORK WITHIN THE CORPORATION LIMITS OF THE CITY OF WOOSTER? \_\_\_\_\_

SOCIAL MEDIA HANDLE \_\_\_\_\_

PRODUCTS BEING SOLD \_\_\_\_\_

ARE YOU REGISTERING TO BE A SEASONAL OR WEEKLY VENDOR?  
(CIRCLE ONE)

**SEASONAL - \$60/ONE SPACE**

**WEEKLY - \$5/ONE SPACE PER WEEK**

MAKE CHECKS PAYABLE TO: THE CITY OF WOOSTER | MARKET FEE MUST BE PAID TO RESERVE THE SPOT

#### PARTICIPATION WAIVER/AGREEMENT

I DO HEREBY ACKNOWLEDGE THAT I PARTICIPATE VOLUNTARILY IN THE PROGRAM SPONSORED BY THE WOOSTER COMMUNITY CENTER. I AM SOLELY RESPONSIBLE FOR THE PRODUCTS SOLD AND THEIR COMPLIANCE WITH THE OHIO HEALTH DEPARTMENT. I UNDERSTAND THE CITY OF WOOSTER SIMPLY GRANTS ME VENDOR SPACE AND IS NOT RESPONSIBLE FOR MY PRODUCTS FOR SALE. I DECLARE THAT MY HEALTH AND PHYSICAL CONDITION IS ADEQUATE TO MEET THE REQUIREMENTS OF THE PROGRAM. I COVENANT AND AGREE TO HOLD HARMLESS THE CITY OF WOOSTER AND ITS REPRESENTATIVES AGAINST AND FROM ANY AND ALL COSTS, DAMAGES, OR EXPENSE ARISING OUT OF OR FROM ANY ACCIDENT OR OTHER OCCURENCE CAUSING INJURY TO MYSELF, OR ANY PERSON OR PROPERTY DURING PARTICIPATION IN THIS PROGRAM.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Office Use:

June 20 - Rec #

August 1 - Rec #

September 5 - Rec #

June 27 - Rec #

August 8 - Rec #

September 12 - Rec #

July 11 - Rec #

August 15 - Rec #

September 19 - Rec #

July 18 - Rec #

August 22 - Rec #

September 26 - Rec #

July 25 - Rec #

August 29 - Rec #