

2021 Summer Street Stroll Farmers' Market Vendor Application

NAME:	COMPANY NAME (if applicable) :
ADDRESS:	HOME PHONE
CITY, STATE, ZIP	WORK PHONE:
DATE OF BIRTH	CELL PHONE:
EMAIL ADDRESS	ADDITIONAL CONTACT PERSON & PHONE NUMBER
ONE SPACE (approximately 10' x 5')	TWO SPACES (approximately 20' - 5')
FOR ENTIRE SEASON:	FOR SELECTED DATES:

Check the category that best applies and please describe what you want to sell at the market:	
	Home Grown Produce:
	Produce and Some Handmade Crafts:
	Handmade Arts and Crafts:
	Baked Goods; Honey:
	Other: (Please describe)

The undersigned agrees to hold harmless and release the City of Great Bend and the Barton County Health Department, its agents and employees, from any liability which may be suffered by the above named Individual registered with the Summer Street Stroll Farmers' Market arising out of or in anyway connected with participation in this market. The undersigned authorizes the City of Great Bend and Barton County Health Department to use at its discretion, any photographs taken of the vendor during the market day and waive any and all claims that the vendor or undersigned or heirs or assigns may have or claim to have resulting from such photographs or reproduction thereof.

Will you be selling any vegetables or fruits that you do not grow or produce? _____ YES _____ NO

****Please remember that you are required to POST your name, address, and where the produce was grown****

The Coordinators reserve the right to reject applications from vendors who are not willing to comply with Farmers' Market rules and regulations.

Signature _____ Date _____

Additional signatures are requested on the back of this form

Summer Street Stroll Farmers Market Liability and Photo Release Agreement

The undersigned agrees to hold harmless and release the City of Great Bend and the Barton County Health Department, its agents and employees, from any liability which may be suffered by the above named Individual registered with the Summer Street Stroll Farmers' Market arising out of or in anyway connected with participation in this market. The undersigned authorizes the City of Great Bend and Barton County Health Department to use at its discretion, any photographs taken of the vendor during the market day and waive any and all claims that the vendor or undersigned or heirs or assigns may have or claim to have resulting from such photographs or reproduction thereof.

The undersigned acknowledges and understands that all liabilities associated with products sold by the undersigned are solely the responsibility of the undersigned. The undersigned understands that no space will be reserved if he/she decides to withdraw from the market at any time. The undersigned is solely responsible for collecting and remitting to State of Kansas all applicable sales tax. A list of vendors will be supplied to Kansas Dept. of Revenue as required.

I release to Summer Street Stroll Farmers Market my, or the minor's child name, portraits (video or still) and/or words, and consent to their use by Barton County Health Department and the City of Great Bend.

Barton County Health Department and the City of Great Bend agree that the name, portraits (video or still) and/or words shall only be used for any public relations, public information, publicity, Web sites and instruction.

I understand and agree that:

No monetary consideration shall be paid;
Consent and release have been given without coercion or duress;
This agreement is binding upon heirs and/or future legal representatives;
The name and portraits (video or still) may be used in subsequent years.

Effective Date of Agreement: _____

If you wish to rescind this agreement you may do so at any time with written notice.

Name: _____
(Print Name as you wish it used)

Written Signature: _____
(Parent or legal guardian sign for minor) *(Self, Father, Mother, Guardian)*

Date Received: _____

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