

Wilmot Farmers Market Application & Liability Waiver Form

Please return your form with a check, payable to Wilmot Farmers Market and mail to Wilmot Farmer's Market, P O Box 385, Wilmot, NH 03287.

The Wilmot Farmers Market is held rain or shine, regardless of weather conditions

Your Name	
Your Business or Farmer Name	____ Check here if this is Registered Non-Profit-Organization
Mailing address	
City, State, Zip	Cit
Business Physical Address if Different	
Email Address	Do you wish to have your email listed on WFM website? ____ Yes ____ No Email address: _____
Website Address	Do you wish to have you website listed on WFM website? ____ Yes ____ No Website Address _____:
Facebook	Do you wish to have your Facebook page listed on WFM website? __ Yes ____ No www.facebook.com/
Phone Number	Do you wish to have your Phone number listed on WFM website? ____ Yes ____ No Phone Number: _____
List ALL Products You request to sell	
Please checkmark on The line before the dates you will attend	____ June 13, ____ June 20, ____ June 27, ____ July 4 ____ July 11, ____ Jul 18 ____ July 25 ____ Aug 1 ____ Aug 08 ____ Aug 15 ____ Aug 22, ____ Aug 29 ____ Sept 5, ____ Sept 12 ____ Sept 19, ____ Sept 26
Full time vendor 10' x 10' spaces	If you have checked 12 or more dates above, your fee is \$140. Full time vendors that miss more than 4 markets during the 16-week season, which runs June 13-September 26, put their priority status at risk. _____
Part time vendor 10'x 10' space	If you have checked 11 or less dates above, your fee is \$20/week for the first 6 markets After 6 markets, the fee is \$15/market with a season maximum of \$150 _____

PLEASE NOTE: A \$15 non-refundable payment is required for all new vendors. This is to be sent in with your application. Once reviewed and if you are accepted, you must send in the amount due for the season.

Acceptance of Rules and Health Guidelines

I certify that I am 18 years of age or older and have read and understand the Application, the Information, Guidelines, and the By-Laws which are available online at WilmotFarmersMarket.com. If accepted into this

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market, I agree to abide by said rules, procedures, and guidelines. Further, I agree to sell only such items that I have produced and only those listed on this application unless granted by the WFM at a later date through an additional written request. I also acknowledge that all of my products stated in application may not be accepted and the salable products are determined by the Board.

I also certify that any chemicals used in the production of the produce I grow were used in accordance with the current label instructions (if applicable). Processed food such as jam, jelly, preserves, or baked goods shall conform to the New Hampshire Labeling Laws and Sanitary Code. (Bureau of Consumer Protection, Division of Public Health, Concord, NH 603-271-4589 Vendors selling by weight shall use certified scales; this is the responsibility for the vendor. (Bureau of Weights and Measures 603-271-3700)

Indemnification and Release of Liability

The undersigned hereby agrees to release and hold harmless from all liability the Town of Wilmot and the Wilmot Farmers Market for property being exhibited and from any personal injury claims that might arise as a direct result of the vendor's property being exhibited on the Wilmot Town Green and vendor's participation in the Market. Vendor hereby waives, releases, and discharges any and all claims for damages: for personal injury, death, or property damages that may have occurred, or which may have accrued as a result of activity at the Wilmot Farmers Market.

!!!IMPORTANT!!

Your signature below denotes your acceptance of the terms set forth in this application.

Print Name _____

Signature _____ **Date** _____

Wilmot Farmers Market Use ONLY _____ **Date Received** _____ **Date of Decision**

Notes: _____ **Date Vendor Notified** _____ **Approved** _____ **Not Approved** _____