

Angels Camp Certified Farmers Market  
Sponsored by Angels Camp Business Association  
PO Box 62, Angels Camp CA 95222

**Vendor Waiver for Participation 2018**

I/We the undersigned being of lawful age, by affixing my/our signatures hereto, do hereby agree to indemnify and to hold harmless Angels Camp Business Association, Angels Camp Farmers Market, and the City of Angels Camp, its officers, employees, elected officials and agents, from and against any and all liability claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses, and compensation arising out of or in any way connected with the participation in the Angels Camp Farmer's Market held every Friday evening in Utica Park from May 25, 2018 thru September 21, 2018 or on any other location or day that may be subsequently added.

I, \_\_\_\_\_ warrant that I have the authority to bind the below listed Individual/Organization to the Waiver for Participant(s), and by my signature hereon does so bind this individual/organization. By executing this Waiver as an Authorized Representative, I am/we are hereby binding any individual from my/our organization who participated in the event to this Waiver and hereby assume responsibility for these individuals.

- I understand and will abide by the conditions set forth in this application.
- I hereby release Angels Camp Business Association (ACBA), Angels Camp Farmers Market, and The City of Angels Camp from any and all liability for any damage, injury or loss of any person or goods which may arise from the rental and occupation of space during the event, and agree to hold ACBA, Farmers Market, and the City harmless of any loss by reason thereof.
- I understand that my booth fee is non-refundable and understand this is a rain or shine event.

I understand by affixing my signature to the Waiver that I do assume all risks and waive defendant's negligence, including a release of heirs.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Individual/Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

*Signature of Parent or Guardian is required for all participants who are under 18 years of age.*

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_