

Wake Forest Farmers' Market Membership Application Form
(Please see our web site for more information: www.wakeforestmarket.org)

Vendor Name: _____

Address: _____

Telephone: _____ (day) _____ (evening)

E-mail address: _____

Contact Person (if different from vendor): _____

Contact Address: _____

Contact Telephone: _____ (day) _____ (evening)

Contact E-mail address: _____

Dates you will NOT be setting up to sell at the market (between the first Saturday in April and the last Saturday in October, inclusive):

Please list all items that you are requesting permission to sell (refer to the definitions of these three categories in the Guidelines for the WFFM):

FARM PRODUCTS

VALUE-ADDED FARM PRODUCTS

CRAFT ITEMS

If you plan on selling craft items, please indicate what percentage of your inventory will be craft items:

Signing this application indicates that you have read and agree to abide by the terms, requirements, and guidelines outlined in the "Guidelines for the Wake Forest Farmers' Market" document (available on the web site). Your signature further indicates that you have read and understand and agree to the following waiver of liability:

The undersigned does hereby release from all liability and agree to hold harmless the Wake Forest Farmers' Market, the market's Board of Directors, and

the Town of Wake Forest for any injury or damage suffered or incurred by the undersigned or by employees, volunteers, or representatives of the undersigned in their activities upon the premises of the Wake Forest Farmers' Market. The undersigned also agrees to exonerate and hold harmless both the Downtown Revitalization Corporation and the Town of Wake Forest from any and all liability for injury or damage to their persons caused by the activities of the undersigned or its employees, volunteers, or representatives upon said premises, including, but not limited to, any costs, including attorneys' fees, incurred by the Downtown Revitalization Corporation and The Town of Wake Forest in defense thereof.

Vendor Signature: _____ Date: _____

Please return this completed form with your check to the WFFM Treasurer. You must check the web site (see FAQs: How Do I Become a WFFM Vendor?), or check with a WFFM board member, to find out
--to whom to make out your check
--where to mail your check
--the amount of the annual dues