

# MAINSTREET FARMERS MARKET

LOVE YOUR FOOD. LOVE YOUR FARMERS.



## APPLICATION OF PARTICIPATION: EDUCATION EXHIBITS

*Deadline: Current applications must be received  
By Tuesday before the Saturday you wish to participate.*

Name of Applicant: \_\_\_\_\_ Business Name: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

**APPLICABLE CATEGORIES:** Please describe in detail your activity, field, or exhibit.

\_\_\_\_\_

\_\_\_\_\_

Circle the anticipated weeks of participation							
April	May	June	July	August	September	October	November
2	7	4	2	6	3	1	5
9	14	11	9	13	10	8	12
16	21	18	16	20	17	15	19
23	28	25	23	27	24	22	
30			30			29	

### EDUCATION REQUIREMENTS

The Market welcomes community education exhibits each week which are informative and reflect the mission of the market. Our sponsors and partners are encouraged to rotate exhibits on a once a month basis or more often as space is available. Please submit samples of any literature which you intend to share as a part of your exhibit.

Exhibitors must be set up by 9:00 a.m. and are responsible for bringing their own tents, tables and signage all of which are **required** for participation in the market. The market manager will check you in to the market.

**Hold Harmless Clause and Insurance**

All authorized exhibitors participating in MSFM are independent operators and not partners or joint ventures, and shall be individually and severally liable for any loss, personal injury, deaths, and /or any other damages that may occur as a result of the exhibitor’s negligence or that of its employees, agents, and associates. All exhibitors are required to sign the Hold Harmless Clause included in the Market application. All exhibitors agree to indemnify and save MSFM, Market Board, Sea Island Bank, Statesboro City Government and Bulloch County harmless from any loss, costs, damages, and other expenses including attorney’s fees, suffered or incurred by MSFM by reason of the exhibitors negligence or intentional misconduct or that of its employees, agents, and associates; provided that the exhibitors shall not be liable for nor required to indemnify MSFM, Market Board, Sea Island Bank, Statesboro City Government, or Bulloch County for the negligence of any of them or that of their servants, agents, employees or associates. Because no insurance is provided at MSFM concerning exhibitors, **each exhibitor must carry his or her own personal liability insurance. Furthermore, vehicle liability insurance is required to cover any damage caused to persons or property by an exhibitor’s vehicle.**

I acknowledge that I have read and understand this application, rules and regulations of the market and Hold Harmless Clause. I have been provided a copy of the MSFM rules that govern this operation and will abide by these policies. I further agree to allow representatives of the Market to visit the premises where products are made.

**PARTICIPATION AGREEMENT**

I have read, understand, and agree to comply with the **2016 MSFM Operational Guidelines** as well as the. I understand the violations and sanctions, including suspension and disqualification. I understand exhibiting privileges can be revoked by the MSFM at any time.

I understand that I must submit a completed application form as well as a sample of my literature. I understand that **no exhibitor is guaranteed acceptance and literature is subject to a jury selection process.** Exhibitors that are accepted for the 2016 MSFM will be notified, by phone, of their acceptance by a member of the farmer’s market committee.

**I understand that all Exhibitors accepted into the 2016 MSFM will be expected to participate in all market dates they designate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_