

2016 KNOX COUNTY FARMERS' MARKET VENDOR AGREEMENT

PRINTED NAME: _____

FARM/BUSINESS NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____ FACEBOOK/WEBSITE/SOCIAL MEDIA: _____

PRIMARY ITEMS (eggs, vegetables): _____

CLASSIFICATION: _____
(farmer, crafter, prepared foods, nonprofit organization)

RELEASE INFO (YES or NO) _____

I give permission to the KCFM to advertise/share my farm/business information and have my information made available to the public in the form of a directory, online or otherwise to help promote my products.

PHOTO RELEASE (check box)

I grant permission to the KCFM to take and use: photographs, digital images, video, and/or audio of me for use in KCFM files, promotional materials, reporting and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be property of the KCFM and shall be shared with me upon request.

I grant permission to the KCFM to take and use: photographs, digital images, video, and/or audio of my minor child (or children) Names- _____ for use in KCFM files, promotional materials, reporting and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be property of the KCFM and shall be shared with me upon request.

KENTUCKY PROUD (YES or NO) _____

Is your farm/business certified Kentucky Proud? (For more info see www.kyproud.com)

GAP (Good Agricultural Practices) TRAINING (YES or NO) _____

Have you completed you GAP Certification and is it current? (For more info see www.kyagr.com/marketing/GAP.html)

PARTICIPATION IN THE TOKEN EXCHANGE PROGRAM (YES or NO): _____

By indicating YES you agree to all the rules associated with the token exchange program as outlined on the 2016 KCFM Rules and Regulations in order to accept SNAP/Credit/Debit payments overseen by the KCFM.

For CRAFTERS: Please **attach a photo** of the product(s) to be sold in your booth. Please give a brief description of your craft products (including what part of the craft you made yourself and/or if a locally produced product is included in your craft and the source of that product) and indicate any proposed demonstrations you might like to lead _____

For CRAFTERS: Are you a Juried artist/craftsperson? (YES or NO) _____ If yes, member group name _____

Designated individuals who are permitted to operate the booth in the absence of the vendor: *(Choose up to three)*

I hereby acknowledge that I have reviewed the 2017 Rules and Regulations of the Knox County Farmers' Market and agree to comply with all of the rules set out therein. I acknowledge that violation of any of the rules may result in loss of privileges to participate as a vendor at the Knox County Farmers' Market. In consideration of being permitted to participate in any way in the Knox County Farmers' Market: I, on behalf of myself and anyone claiming interest through me, DO HEARBY INTENTIONALLY, KNOWINGLY, AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE KNOX COUNTY FARMERS' MARKET, HOSTING FACILITY, AND ASSOCIATED ORGANIZATIONS, and all its employees, regents, and volunteers FROM ANY AND ALL CLAIMS, ACTIONS, SUITS, PROCEDURES, COSTS, EXPENSES, DAMAGES, AND LIABILITIES brought as a result of my involvement in the Knox County Farmers' Market, whether such damage, injury, or loss results from NEGLIGENCE or some other cause, and to reimburse them for any such expenses incurred.

VENDOR SIGNATURE: _____

This the _____ day of _____, 2017

Please return completed forms to Scot Clouse (606 627-4388) or other members of the KCFM Board or to the Knox County Cooperative Extension office.