



# Sevier County Farmers' Market Association

## 2011 Farmers' Market

### Participation Form

This form will give the Sevier County Farmers' Market Association information regarding participants, their products, and when they will be attending the Farmers' Market. The form will be kept on file. Please take a few moments to complete the form below, sign it, and return to the De Queen/Sevier County Chamber of Commerce, P. O. Box 67, De Queen, AR 71832 or to the onsite manager the first time you attend the Market or email to [dgscoc@ipa.net](mailto:dgscoc@ipa.net). Thank you!

Name: \_\_\_\_\_

Business name (if any): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: Home: ( ) - Cell: ( ) -

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

Please provide address of farm if different from above: \_\_\_\_\_

Description of the product(s) you will be selling: \_\_\_\_\_

When will you start attending? \_\_\_\_\_, 2011.

By signing below, I am acknowledging that I have completely filled out the above form and that I have read and will abide by the Farmers' Market Rules and Regulations.

Participant's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

All authorized vendors participating in the Sevier County Farmers' Market shall be individually and severally responsible for any loss, personal injury, deaths, and / or any other damage that may occur as a result of the vendors' negligence or that of its servants, agents, and employees, and all vendors hereby agree to indemnify and save the Sevier County Farmers' Market Association, the De Queen/Sevier County Chamber of Commerce and the City of De Queen harmless from any loss, cost, damages, and other expenses, including attorneys' fees, suffered or incurred by reason of the vendors' negligence or that of its servants, agents and employees. Because no insurance is provided to participants in the Sevier County Farmers' Market, each vendor must carry his / her own liability insurance and must be prepared to present it in the market.

(Part-time Vendor information on back of form)

## Part-time Vendors

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

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