



Oneonta Farmers Market

Community Guest Application

Organization Name: _____

Contact Name(s): _____

Address: _____

Phone: _____ Fax: _____

Cell: _____ E-mail: _____ Web: _____

Requirements:

- o Organization must be a legally recognized nonprofit organization
- o Participants are limited to agriculture, health, wellness, nutrition, and/or education based organizations

Checklist:

- o Completed and Signed Community Guest application
- o A Certificate of Insurance for general liability insurance
- o Photo of your market display, or marketing materials to introduce your organization/mission.

Rules:

- o Guests shall bring their own tent, table, chairs and any other materials
- o Set up is at 9:30 am and must be dismantled by 12:30 pm
- o Fundraising efforts are limited to the sale of raffle tickets less than \$10 in value

Organization Mission & Planned Activity:

Market Date: Select up to 3 Saturdays, May - October. We will do our best to accommodate your request.

First Choice: _____ Second Choice: _____ Third Choice: _____ Fourth Choice: _____

Remit application: Oneonta Farmers' Market, PO Box 343, Oneonta, NY 13820 or oneontafarmersmarket607@gmail.com.

Visitor Compliance and Indemnity Agreement

I (we) the undersigned, have read the Rules and Regulations of the Oneonta Farmers Market and agree to abide by all rules and regulations.

As a guest wishing to participate in the Oneonta Farmers Market located in Oneonta, New York, I (we) agree to SAVE, HOLD HARMLESS AND INDEMNIFY Oneonta Agricultural Group, Inc. from any and all liability or responsibility pertaining to the damages to persons or property on the site assigned to me (us) by Oneonta Agricultural Group, Inc. and its representatives when such damages or liability arise out of acts of my (our) own, or of my (our) employees or associates, located at such site.

Your name (please print)

Signature

Date