

Irondequoit Farmers' Market
Non-Profit Organization Vendor Application

Market Address: 1280 Titus Ave, Rochester, NY 14617
Mailing Address: 450 Skyview Centre Pkwy,
Suite 200, Rochester, NY 14622
585-336-6073 | irondequoitmarket@irondequoit.gov



Organization Name _____ Contact _____

Business Address _____ State _____ Zip _____

E-mail (required) _____ Phone _____

Emergency Contact _____ Phone _____

Description of Organization (Please include links to your website or social media pages, if applicable):

Preferred Dates for Market Participation:

- Main Season: May - October, from 4:00 PM to dusk.
-

Spaces are 10x10. A table and 2 chairs are provided.

Non-Profit Spaces are \$5.00 per approved date.

Please choose your top three (3) preferred dates for participation:

If interested in more than 3 dates please contact Special Events Office.

1. _____

2. _____

3. _____

Equipment Requirements:

Please check the box if you need tables and chairs for your space:

[] Yes, I require a table and chairs for my space.

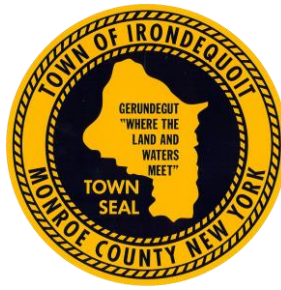
[] No, I do not need tables and chairs for my space.

I understand and agree to abide by the rules and regulations of the Irondequoit Farmers' Market. Booths are not intended for political campaigning or collecting donations. Vendors must refrain from activities that could be considered political campaigning, including but not limited to: Distributing campaign materials, displaying campaign signs or buttons, soliciting contributions, or endorsing candidates.

Signature: _____

Date: _____





WAIVER AND RELEASE OF LIABILITY

THIS WAIVER AND RELEASE OF LIABILITY (this “Waiver and Release”) is entered into by and between the **TOWN OF IRONDEQUOIT**, a New York municipal corporation having offices at 1280 Titus Avenue, Rochester, New York (the “Town”) and _____, who resides at _____ (“Releasor”).

1. In consideration for being permitted to **be a vendor at the Town of Irondequoit’s Farmers’ Market**. Releasor and anyone claiming on behalf of Releasor hereby releases, waives, discharges, and covenants not to sue and shall indemnify and hold the Town, its officers, agents, employees, or volunteers (hereinafter referred to as “Releasees”) harmless from any and all liability, claims, demands, obligations, promises, disputes, damages, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury of any kind, known or unknown, which Releasor has or ever had or may have in the future against the Releasees, that may be sustained by Releasor, to any property belonging to Releasor, or anyone claiming through Releasor, related directly or indirectly to said use, **REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or otherwise, and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.
2. This Waiver and Release shall be binding upon and inure to the benefit of the parties and their respective heirs, administrators, personal representatives, executors, successors, and assigns. Releasor hereby further agrees that this Waiver and Release shall be construed in accordance with the laws of the State of New York and that any mediation, suit, or other proceeding must be filed or entered into only in New York and the federal or state courts of Monroe County. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver and Release, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

EXECUTED on _____.

Signature of Releasor: _____

Printed Name of Releasor: _____