



See you at the Market!!!

Sunday Market

## Vendor Agreement

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

Business Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Description of Products:

\_\_\_\_\_

I, the undersigned, have read the entire Vendor Information Packet governing the Historical Downtown Clermont Farmer's Market, and agree to adhere to these guidelines. I understand that the market reserves the right to limit the participation of a vendor.

I agree to indemnify and hold harmless the Clermont Downtown Partnership, City of Clermont and its agents, employees and volunteers from any liability, cost, damages, and other expenses suffered or incurred during the Market.

The market is not responsible for any vendors' property at the market, nor is it responsible for any liability arising from the negligent acts of vendors or their employees or for any injuries sustained by employees of and/or vendors. In the event the market is sued for any negligent acts of a vendor or his/her employees, the market's insurance will subrogate against a said vendor for the full amount of any loss paid.

I understand that I am responsible for adhering to all relevant government regulations e.g. health codes, licenses, etc.

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

Please mail to: Clermont Downtown Partnership, PO Box 120734, Clermont FL 34712