

I have read and agree to comply with the VCFM Rules and Regulations for 2016 document. I understand failure to comply will limit or prohibit participation in the VCFM.

I agree to hold harmless the City of Vandalia, Ohio and the Vandalia-Butler Chamber of Commerce and their employees, directors, officers, agents, volunteers and any other person acting in the City's or Chamber's behalf against any and all liability , loss, costs, damages, expenses, claims, actions, suits, causes of action of demands, including attorneys' fees, which are brought, asserted, commenced or pursued by any person or entity arising wholly or in part due to the exhibit of art, including but not limited to identifiable losses relating to sickness, bodily injury, personal injury, death, property damage and intellectual property rights violations, except when caused by the gross negligence or willful action of the City of Vandalia, Ohio or Vandalia-Butler Chamber of Commerce.

I understand that I will be required to sign a separate Indemnification Waiver for the City of Vandalia, Ohio and the Vandalia-Butler Chamber of Commerce.

I agree to obtain all licenses and permits required to operate and provide copies to the Vandalia Community Farmers Market.

Insurance:

Vendor will hold commercial general liability insurance against claims for injuries and/or property damage which may arise from or in connection with their participation in the VCFM. Coverage must include products coverage in an amount to be determined based upon the vendor's product or activity. Vendor's coverage will be primary and the City of Vandalia, Ohio's and Vandalia-Butler Chamber of Commerce's insurance coverage will be excess and not contribute with it. A certificate of insurance naming others as additional insureds will be required prior to participation at the VCFM. The City of Vandalia, Ohio and Vandalia-Butler Chamber of Commerce reserve the right to set insurance requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage or special circumstances.

Vendor Signature: _____

Date: _____

Mail completed and sign Vendor Application Form; certificate of insurance; copies of licenses and VCFM space fees to:

Vandalia Community Farmers Market

Attn: VCFM Market Manager

P.O. Box 224

Vandalia, OH. 45377

Please make checks payable to: Vandalia Community Farmers Market