



121 Drew Ave. SE, Madelia, MN 56062 / Phone: 507.642.3255

FARMERS MARKET 2019

VENDOR LIABILITY RELEASE FORM:

Name _____

Address _____

City, State, Zip _____ Phone # _____

Cell # _____ Email _____

By signing below I certify that I have read, understand and agree to all applicable regulations and guidelines as stated in Madelia Community Hospital & Clinic Farmers Market Guidelines.

I understand that if I should fail to comply with these specified guidelines, my participation in the Market may be terminated.

I forever release the Madelia Community Hospital & Clinic, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releases") from any and all actions, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (1) my participation in the Farmers Market, (2) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Release, or (3) the condition of the premises where these activities occur.

I have read this document in its entirety and I freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks, I agree to participate in the Farmers Market.

List items you plan to sell at the Farmers Market: _____

Vendor Signature _____

Date _____