Beverly Farmers' Market

VENDOR APPLICATION / REGISTRATION FOR THE FALL 2025 and WINTER 2026 OCTOBER 21 to DECEMBER 16, 2025 (EXCEPT NOVEMBER 11) and FEBRUARY 3 TO April 14, 2026 --- TUESDAYS, 2:00 to 6:00 PM ---

E-mail: <u>info@beverlyfarmersmarket.ca</u>; Mail: PO Box 20202, RPO Beverly, Edm. AB T5W 5E6 Office: 4014-118 Ave. – (780) Cell: 780.909-8953 Website: www.beverlyfarmersmarket.ca

MARKET SITE:			HOPPING CEN	NTRE	
BUSINESS / Personal Name:					
Mailing Address: City/Town:			ostal Code:		
Phone # (Home):	(Rusiness):	F-		· — — — —	
Primary Product (Name)					
Secondary Product (Name/s					
(attach information & photos, if a	vailable)				
Do you make, bake or grow your			D:		
If no, where is the product produced					
Stalls Required (All stalls are 10' v	vide)	require (#)	stall(s)		
Food, Beverage & Horticultu	<u>ıral Vendors:</u>				
Full Time Vendor \$25.00 / week				ril 14, 2026	\$ 25.00
				(Signature)	
Part Time Vendor - \$30.00 per st advance to reserve a space, if ava	•	•	I call 780.909-89		
Crafter & Artisan Vendors					
Full Time Vendor \$20.00 / week				ril 14, 2026:	\$ 20.00
Part Time Vendor - \$25.00 per st advance to reserve a space, if ava			I call 780.909-89	(Signature) 53, 24 hrs in	
 All Vendors selling at Approved Fare All Vendors selling prepared For Chemicals: attach a copy of yor All Crafters & Artisans who choose the EVERLY FARMERS' MARKET IN THE SPACES PROVIDED, INDICATION. By my signature below, I declare the interest of t	oods, Honey, Fruit our Certificate of In oose to self-insure FRULES & REGU ATING UNDERST	t, Vegetables, Masurance & comp : must complete : MATIONS ARE ANDING & ACC	eat, Fish, Soaps, olete and return the and return t	, Lotions, Ointr he attached W ttached Waive EASE READ & EACH & RETU	ments, /aiver. r. & <i>INITIAI</i> <i>IRN A</i>
Signature of Applicant	Print	Name Clearly		Date	
Signature of Witness	Print	Name Clearly		Date	
PLEASE RETURN THIS COMPLETE CERTIFICATE, & FOOD HANDLING (VEND		FICATE (IF APP	LICABLE) TO TH		ANCE

Beverly Farmers' Market Waiver of Liability and Indemnity, Assumption of Risks

Participant Name	("Participant")		
(Last) (Middle)		(First)	
Phone Number: ()		
Address:			
			(Apt.)
(City)	(Province)	(Postal Code)	
BY SIGNING BEL PLEASE READ O Waiver of Liabilit	CAREFULLY!	IN LEGAL RIGHTS, INCLUDING THE	RIGHT TO SUE.
Business Associa /all liability for any The Participant he Crossing GP Ltd., indirectly, for any property damage contemplated by the negligent misrepresentation on the participant in t	tion and Riverview Crossing GP property damage or personal injectory further agrees that Beverly it's employees, volunteers and/oclaims, or any damages, costs are or lost or stolen property, arising this Agreement, whether or not subsentation, breach of statutory durit of the Beverly Towne Farmers its employees, volunteers and/o	Indicate the distribution of the distribution of the control of th	ther participants for any icipation in this Program sociation and Riverview either directly or personal injury, death, any activity result of any negligence, and/or breach of
Participation in the	e Beverly Farmers' Market incurs	various risks, dangers and hazards wh	ich all participants are
required to assum	ie.	ele, Tent, Table and any other Display E	
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personal injury, de I HAVE READ TH UNDERSTAND IT	eath, property or loss resulting the IE WAIVER OF LIABILITY AND	INDEMNITY, ASSUMPTION OF RISKS AT I HAVE GIVEN UP SUBSTANTIAL F	S, FULLY
Signature of Partic	cipant Representative	Print Name Clearly	Date
Signature of Witne	ess	Print Name Clearly	Date
Definition - Assum	nption of Risks by Self Insurance	:	
may be brought a	gainst you as a result of your Pro	all risks by not insuring yourself against oduct, Merchandise, Vehicle, Tent, Table opting personal financial responsibility fo	e And Any Other Display
I acknowledge tha	at I understand self insurance:	(signature of participant)	