



## 2017 VILLAGE OF FREDONIA FARMER'S MARKET REGISTRATION FORM



(Please Print Legibly)

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(HOME) \_\_\_\_\_

(CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_ In case of emergency, please notify: \_\_\_\_\_

Fee: \$60 per season starting June 14 – November 8, 2017  
Or \$10 per week if not signing up for the entire season

Please list items to be sold (see rules sheet for list of acceptable and unacceptable items): \_\_\_\_\_

Please advise amount of space required for sales (1 or 2 parking spaces) \_\_\_\_\_ Additional parking for vehicle and transporting of items will be allowed.

Please consider this registration form confirmation of registration. We will only contact you in the event of a correction or cancellation.

Mail, or drop off Form &  
Payment to:  
Village of Fredonia  
Farmer's Market  
P.O. Box 159  
242 Fredonia Avenue  
Fredonia, WI 53021  
Phone: 262-692-9125  
Fax: 262-692-2883  
[www.village.fredonia.wi.us](http://www.village.fredonia.wi.us)

Please list weeks that you wish to sell, or "all"

Fee

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Total Fee \_\_\_\_\_

Total:

**LIABILITY WAIVER:** I the undersigned do hereby agree and understand that there may be risks and hazards inherent with participating in the Farmer's Market. I affirm that I am doing so as a voluntary participant. I do hereby agree to release, waive and absolve, indemnity on behalf of myself, my/his/her family, my/his/her heirs and my/his/her assigns the Village of Fredonia, it employees, officers, agents and sponsors from liability, for injury, death or loss suffered by me in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the Village of Fredonia, its employees, officers, agents and sponsors. The Village of Fredonia does not provide accident insurance to participants in activities and I assume, or agree for whom I am fully responsible, any and all damages which may occur to me or the above named registrant while participating.

**MEDICAL RELEASE WAIVER:** In the event of a medical emergency, I authorize medical treatment to be obtained.

**PHOTO RELEASE:** I agree to allow publication of any photos taken for the Village of Fredonia Farmer's Market program.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Rec'd By \_\_\_\_\_