



Vendor Application & Waiver of Liability –Kannapolis Famers Market

Name: _____

Farm/Business Name: _____

Address: _____

Phone Number(s): _____

Email: _____

List of Products to be Sold: _____

I have read, understood, and agree to abide by the Kannapolis Farmers Market Guidelines.

I also agree as a participant in the Kannapolis Farmers Market, to hold the City of Kannapolis, Castle & Cooke NA, LLC, Atlantic American Properties, the Kannapolis Farmers Market Committee, and their agents and employees, harmless and to indemnify the City of Kannapolis, Castle & Cooke NA, LLC, Atlantic American Properties, the Kannapolis Farmers Market Committee and their agents and employees for property being exhibited and from any personal injury claims that might arise as a direct result of the vendor's property being exhibited at the Kannapolis Farmers Market or as a direct result of my participation in the Market. I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damages that may have occurred or which may have accrued as a result of activity at the Kannapolis Farmers Market.

Signature: _____

Date: _____

Please submit application, annual dues of \$30, and copy of Certificate of Registration from the NC Department of Revenue to the Market Manager James Karriker (704-804-3082, jlpop70@gmail.com). Make checks payable to the Kannapolis Farmers Market.